

C+D

Chemist+Druggist

www.dotpharmacy.com

News: Health Act allows for remote supervision and 'responsible pharmacist'

News: Wales agrees indicative rates for three national enhanced services

Feature: An age-old problem but pharmacy has a role in care of the elderly



Swim Ear

The easiest way to remove trapped ear water & help prevent ear infections.



Eliminates the unpleasant symptoms of trapped ear water; feeling of pressure in the ears, temporary impairment of hearing, painful ear discomfort.

- Works within seconds.
- Powerful surface tension releasing action
- Evaporates trapped ear-water leaving the ear clean, water free and dry.

Dramatically reduces risk of painful ear infections by removing any traces of water.

Recommended for use after swimming, diving, bathing, showering.

Combats Ear Infections before the problem occurs rather than after as a preventative measure.

For further information

01525 292345



Alpharma is now Actavis



Actavis is one of the world's top five generic pharmaceutical companies, making up to 24 billion tablets a year in 20 manufacturing sites in 10 countries, including the UK.

With 10,000 people, Actavis has around 300 new products in development, and a range of initiatives in training and education with the NPA.

Encapsulating all your generic pharmaceutical needs.

News

4-10

Remote supervision moves a step closer

Publication of Health Act 2006 sets out criteria for responsible pharmacist

4

CPW agrees rates for enhanced services

Indicative rates agreed in Wales for three of the national enhanced pharmacy services

5

Oxygen supply issues continue as deadline looms

Patients are still reliant on pharmacists for vital oxygen supplies despite transfer to centralised distribution

6

Blair gets behind Boots in-store GP plans

Tony Blair has endorsed plans by Boots to put NHS GP surgeries in its stores

8

Petcare opportunities for pharmacy

Veterinary conference encourages owners to commit to regular healthcare for their pets

10

Features

16-33

Pharmacy Champions 16

Meet Richard Lowrie, who is supporting heart failure patients

Eurofile

30

Jörn Runge looks at what's happening in France, Switzerland, Finland and Poland

An age-old problem 32

The health of older people is often poor, but there are many ways pharmacists can help

Bon Viveur

38

New this week is the first in a series of monthly restaurant reviews



Opinion

12-15

Your views

Editor's comment

Xrayser

Black Bag

Clinical

19-22

Pharmacy Update:

The biological clock

News: Pfizer to launch

inhaled insulin

A practical approach:

Dentist prescriptions

Products & Marketing

24-26

Vichy Podexine

footcare; Lice Attack;

Moody's; Sure for

Women; Nucare VMS;

Balneum

Star job

Lloydspharmacy is looking for dispensers in Welwyn Garden City

On TV next week

26



Remote supervision moves a step closer under Health Act 2006

Legislation Act sets out criteria for 'responsible pharmacist'

Ailsa Colquhoun

Remote supervision by a responsible pharmacist and pharmacy contracts linked to OTC sales can both now become law, following the publication of the Health Act 2006.

Dealing with supervision, the Act sets out the core principles that a pharmacist may not be responsible for more than one premises at a time, and that the name and registration number of the responsible pharmacist must be on display. But it is left to the health minister to regulate for changes to the current supervision requirements, including setting the terms for any exceptional circumstances to the rule, the qualifications and experience needed for a pharmacist to be deemed responsible, the responsible pharmacist's permitted absence from the pharmacy, and supervision during such absences.

This part of the Act also covers the management and use of controlled drugs, allowing PCTs to nominate or appoint a person to support this aim and to inspect CD stocks and records.

Part four of the Act enables PCTs to take into account proposals relating to OTC medicines and other healthcare products when deciding between two or more new pharmacy contracts, and to charge a fee for such applications. It also gives NHS bodies such as PCTs, LHBs and SHAs the powers to require contractors to

produce documents for counter fraud investigations.

Other areas covered by the Act, which came into force on July 19, are smoke-free premises, places and vehicles, and controlling healthcare associated infections. Commenting, public health minister Caroline Flint MP said the Act "would deliver better, more convenient community pharmacy and ophthalmic services for patients and the public, and would help people lead healthier lives and enjoy better health services".

Industry unsure over one responsible pharmacist: one pharmacy clause

The Royal Pharmaceutical Society and PSNC each issued disgruntled responses to the content of the Health Act.

The RPSGB expressed disappointment that the clause allowing exceptional circumstances to the one responsible pharmacist, one pharmacy rule remains. David Pruce, RPSGB director of practice and quality improvement and practice, said the Society would work to "ensure that this exception remains an exception".

PSNC will also seek to be involved in the drafting of the new pharmacy regulations ensuing from the Act. Steve Lutener, head of regulation, said: "We will be pushing to be fully involved and consulted on the new regulations to

Three-year rule

The Health Act has banned pharmacists who have qualified in an EU state from acting as the responsible pharmacist at UK premises registered for under three years.

This rule brings the UK in line with European legislation and follows a recent dispute in Ireland involving Sam MacCauley Chemists. The firm attempted to employ a British-educated pharmacist, Mark Sadja, in a branch that had been open for less than three years. The chain unsuccessfully argued to the European Court of Justice that the Directive had been illegally introduced into Irish law.

However, the European court ruled that Ireland had correctly interpreted the EU rules.



Steve Lutener: pushing to be fully involved

be drawn up, as this is where the detail will be. We are particularly concerned that a pharmacist should



David Pruce: exception must remain an exception

remain in personal control of a pharmacy during its core opening hours."

Pharmacy needs to take stock over Foster report

Profession Appointment preference and restriction of Council member activity concerns PDA and NPA

Measures to introduce remote supervision in pharmacy have been influenced by a government drive to cut costs, believes Mark Koziol, Pharmacists Defence Association (PDA) chairman. "This is why we do not believe the answer is to have a government-appointed Council," he has warned ahead of the PDA's official response to the Foster report.

The PDA's response, when it is made in full before the November 10 consultation cut-off date, is likely to draw heavily on the need to maintain a democratically appointed Council (C+D, July 22, p4). Mr Koziol said: "Where government interest conflicts with the public interest, the Society

could challenge it. But if there is a government-appointed Council, and a government-friendly Council, then there's a danger that it could look after the government interest."

The PDA response is also likely to highlight the need to allow experienced pharmacists to have input on fitness to practise cases, and its concern that giving employers statutory powers in the form of revalidation could further impact on employee rights.

The report has proposed a review in 2011. Mr Koziol argued: "That says that whatever halfway house the profession takes today, [the government] will come again, and will

not go away. We need to take stock of that."

NPA chief executive John D'Arcy was concerned that a pharmacist sitting on another pharmacy body such as the NPA or PSNC would not be allowed to sit on the Society's Council. In addition, an appointment system could mean that the Council would lack 'on the ground' input.

The potential for revalidation by one of three routes raises questions over how small businesses would find the time to administer the system. Mr D'Arcy added that having three different processes could mean there is a perception of three different levels of revalidation and differences

in the transferability of skills. The NPA will have to consider what impact the changes will have on its CDA indemnity cover.

Responding, initially in a personal capacity, Howard McNulty, Institute of Pharmacy Management International general secretary, noted that the report points out that a merged regulatory body could result in less effective supervision of professional education and less professional support and engagement with statutory regulation. **AC**

For more letters on Foster see p12



Blue watch: Police inspect a Lloyds pharmacy at Bellmount Close, Bramley, destroyed by a fire last weekend.

Lloyds pharmacy plans to provide local patients with alternative services from its other store in Bramley following the blaze, said a spokesperson for the company. Around 70 firefighters were called to the fire, which hit the pharmacy and neighbouring Manor Park GP surgery, confirmed West Yorkshire Fire and Rescue Service. Fire investigation officers are looking into the cause of the blaze.

News in brief

United signs Williams

Former P Williams chief Steven Williams has joined United Co-op, following the sale of his pharmacy business to the company in June.

Mr Williams has been appointed non-executive director and will represent United Co-op at the Association of Independent Multiple Pharmacies (AIMp). He will continue as AIMp's chairman and appointed member to PSNC.

Pay changes delay

Plans to remove £25 million from purchase profits on dressings and chemical reagents this August have been delayed, PSNC has confirmed.

The Department of Health will make no price reductions on reimbursement rates for the products next month, said PSNC.

Co-op adds sites

Co-op Pharmacy has bought five pharmacies from Tower Pharmacy in Bristol. The acquisitions, for an undisclosed sum, take the total number of pharmacies in the group to 434, making it the UK's fourth largest chain behind Boots, Lloyds pharmacy and Alliance Pharmacy. All 63 staff will transfer to the Co-operative Group.

EPES contract winner

The Department of Health Social Services and Public Safety (Northern Ireland) has appointed Hewlett Packard (Belfast) to develop the software supporting the Electronic Prescribing and Eligibility System (EPES) for Northern Ireland (C+D, July 22, p6) with effect from Monday.

Sunday laws upheld

Sunday trading laws will not be changed, despite a recent Department of Trade and Industry review. The 10-year-old laws limit the opening of large shops in England and Wales.

SOS endorsement

In last week's coverage of the Foster Review, we misquoted Mark Koziol, a member of the Save Our Society group. His comment should have read: "Foster is a clear endorsement of the objectives of Save Our Society." We apologise for the transcription error.

CPW agrees rates for three enhanced pharmacy services

Wales Negotiations are ongoing for the remaining two national enhanced services

Asha Fowells

Community Pharmacy Wales

has agreed indicative rates for three of the national enhanced pharmacy services.

Details of the fees approved by CPW and all 22 local health boards in Wales for the pharmaceutical rota, minor ailments and care home support service are listed (right).

Specifications for the three services have already been established, but Peter Haydn Jones, CPW chief executive, stressed that it was still up to individual LHBs to commission services, and alter the details – and hence payments – to best address local health needs.

Mr Haydn Jones said that negotiations were ongoing for the remaining two national enhanced

Rates in Wales

Agreed indicative rates for the national enhanced services in Wales for 2006-07:

- Care home support service (annual fee based on two visits per year): <10 beds £253.74; 10-30 beds £388.63; 31-50 beds £500.06, 51-70 beds £711.21.
- Minor ailment service: Annual fee £134.45; consultation fee £3.46.
- Pharmaceutical rota service: Weekdays £61.20; Saturdays if open £76.50; Saturdays if closed, Sundays, bank holidays £153.00; special bank holidays £306.00.

services of supervised medicines' administration and syringe and needle exchange.

However, he hoped to reach a conclusion by the end of the year and, in the meantime, existing commissioning arrangements and payments would be rolled forward from last year.

Once all five national enhanced services had been agreed, Mr Haydn Jones said the negotiating body would consider whether any locally enhanced services, such as smoking cessation, would be of benefit across Wales.

Further information is available at www.tinyurl.com/rmg9b

NHS script costs drop for first time

England Net ingredient cost dropped by 3.8 per cent in 2004

Last year saw the first recorded fall in medicines' expenditure by the NHS in England.

The net ingredient cost of all prescriptions dispensed in 2005 was £7.937 million, a decrease of 3.8 per cent in real terms on 2004, courtesy of price cuts made under the new Drug Tariff and Pharmaceutical Price

Regulation Scheme. However, 720 million prescription items were supplied, a rise of 5 per cent – or 34 million – on the previous year.

The average net ingredient cost per prescription item was £11.02, a drop of over 8 per cent in real terms on 2004. Over four fifths of prescriptions were written generically, and nearly

nine in 10 items were dispensed free of charge.

The statistics were sourced from the NHS Business Services Authority's Prescription Pricing Division system, and were published by the Department of Health. See also www.ic.nhs.uk/pubs/prescriptions dispensed

Be flexible to compete with 100-hour rivals

Practice Independents must 'fight furiously'

Independent contractors should consider extended opening times and relocation to compete with 100-hour pharmacies, a wholesaler has claimed.

Minor changes to trading hours and access would help buffer businesses against 100-hour rivals, said John Davies, retail services director at Mawdsleys. "If a pharmacy can adjust opening hours or location to attract customers and improve its market share then it should consider doing so," he said.

Contractors must "fight furiously" against a proliferation of 100-hour pharmacy applications, he added. "Pharmacists must go all out to raise the profile of their business not just with local patients, but with GPs and primary care trusts," he said.

The comments come as pharmacists voiced concerns at the latest round of the Department of Health's regional 'listening' events on control of entry regulations.

Tony Dean, delegate at the East Anglia event and secretary at Norfolk LPC, said: "The 100-hour exemption has shattered a lot of contractors' confidence in the future." **MG**

South Yorkshire pharmacies bid to cut NHS waste bill

Practice Campaign tackles wasted medicines

Pharmacies across South

Yorkshire are aiming to reduce £10 million of wasted medicines in a campaign organised by the local NHS.

Unveiled at an open day at Vantage Pharmacy in Manor Top, Sheffield, the campaign involves 267 pharmacies and is running until September.

Tina Cooke, pharmacist at the Vantage Pharmacy, said: "Our message is that wasted medicines waste money.

"The campaign isn't just about waste though, it's also about promoting medicines use reviews and warning patients that unused medicines can be a safety risk if left in the reach of children."

A poster campaign will run in pharmacies, GP surgeries, hospitals and on buses in the region to encourage patients not to stockpile medicines. **JE**

Restricted oxygen supply as deadline approaches

Practice Pharmacists still being asked to step in as supply problems continue

Tom Hawkins

Patients are still reliant on pharmacists for vital oxygen supplies despite the official transfer to centralised distribution.

Laurence Sprey, chief pharmacist at Ashtons Late-night Pharmacy in Brighton, claims he is making two-thirds of the deliveries he was making a year ago as the six month transition period comes to an end on July 31.

He commented: "GPs are still ringing us daily asking if we can do an urgent delivery."

To mitigate supply problems, the Department of Health has agreed a deal with BOC Medical to continue to supply cylinders to pharmacies until August 31. Deadlines for cylinder returns have also been granted a month's extension.

Jane Moffatt, head of medicines management at Brighton & Hove PCT, said the changing timescales in the transition to the new supply system had made planning for staff levels difficult. She praised the role of pharmacy in maintaining deliveries.

"Once the door has closed on



Laurence Sprey: still receiving GP requests for urgent deliveries

pharmacy supply and we have no more pharmacists providing our oxygen when the transition is complete, it does make us vulnerable," she said.

Allied Respiratory, the oxygen supplier for South London and South East England, was unavailable for comment.

Holiday oxygen plans revealed

Home oxygen patients have been advised to organise supply at holiday destinations well in advance over the summer months.

The Primary Care Contracting Team has urged dependent patients to provide their home supplier with notice of their travel plans at least two weeks prior to a holiday in England or Wales.

Patients must also ensure they have received permission from the accommodation owner. The cost of supply is covered by a patient's home PCT.

Community pharmacists will supply visitors to Scotland and Northern Ireland and residents from those regions will be supplied in England and Wales. Costs will be covered by the health board or PCT in the visited area.

Patients travelling abroad must make private arrangements.

MPs angry over oxygen supply

Practice Patients left stranded by supply failures

Air Products has come under fire after an MP had to step in to help source vital oxygen supplies for a desperate patient.

Ann Coffey, MP for Stockport, was approached on the evening of July 15 by a constituent whose wife was suffering from "huge breathing problems". Mrs Coffey rang the Air Products call centre requesting an urgent delivery, saying the patient was on the brink of calling the emergency services.

She criticised the approach of the contact centre in dealing with such a sensitive matter.

"Bearing in mind you're providing oxygen to patients that are dying and relatives that are in distress, you've got to make sure you've got a good call centre. It's not like ordering food from Tesco," she said.

The patient had run out of oxygen despite placing an order at the beginning of the week. Air Products claims nobody was in when it attempted to deliver on the Wednesday and that it left a calling

card. However, the couple claim there was no evidence of a delivery.

The situation prompted Mrs Coffey to raise the question of the quality of service provided by Air Products with the health secretary on July 20. In response, pharmacy minister Andy Burnham acknowledged there was room for improvement and said that all suppliers were being assessed.

Other MPs also criticised changes to oxygen supply services. Dr Rudi Vis, MP for Finchley & Golders Green, appealed for private suppliers to be called to account after complications in supply left his wife trapped in her own home.

A spokesman for Air Products said it was difficult to comment on specific cases. However, the company added: "As we said in previous statements, we are experiencing high demand for portable oxygen cylinders due to the warm weather. We are committed to having the right resources in place to ensure patients get the best service possible." **TH**



From the left are: Richard Crosby, assistant director, clinical services pharmacy and medicines management, Sheffield West PCT, with Rotherham PCT's pharmaceutical adviser Sue Wright and chief executive John McIvor

Aftershave
933,000 Britons

Pigeons
303,000 Britons

Sunscreen
342,000 Britons

Dust mites
4,997,000 Britons

Photocopier toner dust
222,000 Britons

Feathers
1,416,000 Britons

Tomatoes
526,000 Britons

Squirrel fur
181,000 Britons

Breath spray
226,000 Britons

Acrylic glue
478,000 Britons

Wasp stings
5,593,000 Britons

Windscreen wiper fluid
290,000 Britons

Moisturiser
412,000 Britons

Ants
1,095,000 Britons

Gold
412,000 Britons

Pollen
6,690,000 Britons

Hair dye
576,000 Britons

Bee stings
4,612,000 Britons

Mosquito bites
6,512,000 Britons

Deodorant
1,957,000 Britons

Paint dye
371,000 Britons

Rats
498,000 Britons

The fact is, people can develop an allergy to just about anything, not just pollen.
So when your customers ask you about allergies, tell them about Piriton.
No brand has the power to treat more allergies.

Millions of allergens. Only one Piriton.

Allergy figures extrapolated from a TNS survey of 16-64 yr olds.



Chlorpheniramine

Piriton Allergy Tablets and Piriton Syrup Product Information. Presentations: Tablets containing 4 mg chlorpheniramine maleate. Syrup containing 4 mg chlorpheniramine maleate in 10 ml. Uses: Symptomatic relief of chickenpox itch and allergic conditions including hayfever. Dosage and administration: Tablets: *Adults:* 1 tablet every 4-6 hours. *Children aged 6-12:* ½ tablet every 4-6 hours. Syrup: *Adults:* 10 ml every 4-6 hours. *Children aged 6-12:* 5 ml every 4-6 hours. *Children aged 2-6:* 2.5 ml every 4-6 hours. *Children aged 1-2:* 2.5 ml, twice daily. Contraindications: Hypersensitivity. Concurrent or recent treatment with MAOIs. Precautions: May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. Side effects: Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excited. Pregnancy and lactation: Consult doctor before use. Legal category: P. Product licence numbers: Tablets: PL 00036/0091, Syrup: PL 00036/0088. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: Tablets 30s £3.15, Syrup 150 ml £3.99. Date of last revision: October 2004. Piriton is a registered trade mark of the GlaxoSmithKline group of companies.

Blair gets behind Boots' in-store GP plans

Retailing Speech to Boots executives will urge more flexibility in delivery of services

Ailsa Colquhoun

Tony Blair has endorsed plans by Boots to put NHS GP surgeries in its stores. "Some of the details have still to be worked out, but we do want more flexibility in the way that GP services are delivered," said the Prime Minister's spokesman.

Boots said it plans to lease spare store space to GPs, possibly working on a walk-in basis, and host specialist clinics for services such as podiatry, physiotherapy and blood tests. These will be similar to the initiative expected to start up in its Poole store later this year.

The moves come as part of a company initiative to fill store space left by the recent divestment of non-pharmacy healthcare services. Boots claimed the move will have positive benefits for its pharmacies' script volumes, and added that the initiative could have wider professional benefits. A company spokesman told C+D: "This shows that the NHS has a

willingness to talk with the pharmacy community to provide healthcare on the high street. It also makes pharmacies an essential part of the health service."

However, due to suitable store availability and PCTs' interest the scheme is "unlikely to mean 100s of stores", the spokesman added.

Dr Hamish Meldrum, chairman of the BMA's GPs committee, said the move was symptomatic of the government's agenda to increase the amount of private sector involvement in the NHS. "That may lead to increasing fragmentation of the health service and adversely affect the well liked and respected continuity of care that is so much an integral part of UK general practice."

The Prime Minister has called for a greater partnership between public, private and voluntary sectors to tackle modern public health problems including obesity and smoking. He was speaking in Nottingham on Wednesday.



Tony Blair: wants more flexibility in the way that GP services are delivered. Photo courtesy of EC 2006

No pharmacy representation on taskforce

IT Only medical and nursing representatives

Pharmacists have failed to gain top-level representation on the taskforce charged with developing the summary patient care record.

The group, which will identify and examine patients and clinicians' concerns about the care record, comprises representatives from the medical and nursing professions and patients and workers in emergency medicine, but none from pharmacy.

However, the DH says that the RPSGB has been invited to give evidence and that pharmacists' access to the summary record will be on the taskforce's agenda.

The first duty of the group will be to draw up an agreed implementation plan, reporting first in November, with a view to running a small pilot of the Care records Service in early 2007 and wider rollout in 2008.

The card will contain data such as a patient's name, address, NHS number and date of birth, as well as clinical information such as allergies, adverse reactions to drugs and details of any visits to A&E. **AC**



Alliance Pharmacy staff provided information and advice about holiday health to commuters at London's Paddington Station after research by YouGov revealed that only 3 per cent of 18 to 29 year old holidaymakers pack condoms before departure. The research also found that people from Newcastle are wasting £1.6 million each year buying prescription medicines abroad because they forget to pack their pills before travelling

Pharmacists should train junior medical students, says BPS

Prescribing Plan to provide cross-profession insight

The president-elect of the British Pharmacological Society has suggested that trainee doctors spend time in pharmacies to improve their prescribing.

"It would be an interesting experiment for medical students to have an attachment to a community pharmacy to see what goes on, how drugs are packaged, labelled and prepared, the questions patients ask, the errors made on prescriptions, and how pharmacists deal with them," Jeffrey Aronson told C+D. He added: "I'm very keen to involve pharmacists in the whole process."

Professor Aronson, who is a reader in clinical pharmacology at Oxford

University, and a consultant physician at the city's main hospital, described the amount of prescribing training received by medical students as "very limited" and "nowhere near as much" as other healthcare professionals who train as supplementary or independent prescribers. Yet trainee doctors could learn a lot about drug prescribing and supply – particularly through less conventional routes such as patient group directions – from this new breed of prescriber, he said. **AF**

Petcare opportunities for pharmacy – see page 10 ➤

No need for sun cream to remain visible, says Vichy

Industry Manufacturer's advice is at odds with research by the Institute of Plastic Surgery

Vichy has challenged claims that sun cream should be left on the skin in a "thick buttery layer" as suggested in research by the

RAFT Institute of Plastic Surgery.

The skincare specialist says most sun creams have been designed to be rubbed in to become effective as the

product needs to come in to close contact with skin cells to prevent sun damage. Vichy recommends applying sun creams liberally and

reapplying every two to three hours. There is no need for the product to remain visible, says the company. **LR**



I have back pain
and need something that
is proven to work.

- Guidelines around the world recommend the active ingredient in Panadol, paracetamol, as first choice treatment for acute lower back pain,^{1,2,3} musculo-skeletal pain^{4,5} and strains⁶.
- Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, should be reserved as a second-line option^{1,3,4,6} due to their well established side effects, such as serious gastrointestinal^{7,8} and cardiovascular complications^{9,10}.

When it comes to back pain, recommend Panadol first.

Panadol Tablets are for the relief of mild to moderate pain.



It's my choice.

References: 1. European Commission, Research Directorate General, Working Party 1. European guidelines for the management of acute non-specific low back pain in primary care. 2004. http://www.backpaineurope.org/web/html/wg1_results.html 2. New Zealand Guidelines Group. New Zealand acute low back pain guide. October 2004. 3. UK Prodigy Guidance: Back pain. November 2005. <http://www.prodigy.nhs.uk/guidance.asp?gt=Back%20pain%20-%20lower#172547> 4. Australian National Health and Medical Research Council. Evidence-based management of acute musculo-skeletal pain: a guide for clinicians. 2004. 5. American Geriatric Society. The management of persistent pain in older persons. J Am Geriatr Soc 2002 Jun;50(6 Suppl):S205-24. 6. UK Prodigy Guidance: Sprains and strains. November 2005. <http://www.prodigy.nhs.uk/guidance.asp?gt=Sprains%20and%20sprains#190293> 7. Singh G. Gastrointestinal complications of prescription and over-the-counter non-steroidal anti-inflammatory drugs: a view from the ARAMIS database. Am J Ther 2000; 7: 115-121. 8. Lewis SC et al. Dose-response relationships between individual non-aspirin non-steroidal anti-inflammatory drugs (NNSAIDs) and serious upper gastrointestinal bleeding: a meta-analysis based on individual patient data. Br J Clin Pharmacol 2002; 54(3): 320-326. 9. Hillis WS. Areas of emerging interest in analgesia: cardiovascular complications. Am J Ther 2002; 9: 259-269. 10. Whelton A. Renal and related cardiovascular effects of conventional and COX-2 specific NSAIDs and non-NSAID analgesics. Am J Ther 2000; 7: 63-84.

Panadol Tablets Product Information. Presentation: Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** *Adults and children, 12 years and over:* Two tablets up to four times daily. Not more than 8 tablets in 24 hours. *Children 6-12 years:* Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctors advice. *Children under 6 years:* Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** 16's, GSL, 32's P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compac 16's £1.39, Carton 16's £1.85, 32's £3.15. **Date of last revision:** May 2006. Panadol is a trade mark of the GlaxoSmithKline group of companies. Superbrands is a registered trademark.

Petcare opportunities for pharmacy

Conference Animal owners should be encouraged to commit to regular healthcare for their pets, conference hears

Steven Kayne

Veterinary pharmacy should be included in the undergraduate MPharm course as a matter of urgency, attendees at the Veterinary Pharmacists Group Summer Conference in Stratford earlier this month heard. This would ensure that newly qualified pharmacists were equipped to respond to requests for advice and supplies from animal owners and to accurately dispense veterinary prescriptions.

Alison Glennon, National Office of Animal Health (NOAH) communications manager, said that only 750 non-specialist pharmacies were selling animal medicines, representing just 10 per cent of the market. Pharmacists should "make a bigger cake" by encouraging new owners to commit to regular healthcare for their pets and working in synergistic partnerships with vets and manufacturers, she said.



A new cohort of students attending the teaching day that is part of the RPSGB Certificate in Companion Animal Health care. Photo by Steven Kayne

This approach was likely not only to gain support from the marketing authorisation holders, but also to improve the overall health status of the pet population and reduce public health risk from zoonotic infection.

Ms Glennon pointed out that there were huge opportunities for pharmacists to grow the market for the millions of pets that never received regular health checks and

were taken to a vet only if they became ill.

John Fitzgerald, Veterinary Medicines Directorate policy director, explained that a number of issues had arisen since the adoption of the current Veterinary Regulations in October 2005.

These included extending the requirement to hold a Certificate of Competence from those persons purchasing a sheep dipping product

to those actually engaged in the procedure, and clarifying the position of homoeopathic veterinary medicines via consultation.

In addition, Mr Fitzgerald said a working group had been set up by the Veterinary Products Group to examine the reclassification of a large number of authorised veterinary medicines.

Other highlights of the conference included the announcement of a new Certificate in Livestock Health and Husbandry by Dr Michael Jepson, RPSGB veterinary pharmacy education programme joint course director. Alasdair King, Intervet UK Ltd large animal business unit veterinary manager, gave an overview of animal health and the importance of vaccines. Although he doubted the practicality of pharmacy supply of vaccines for small animals, horses, pigs and poultry, he did identify opportunities in small and large ruminants.

Alliance Pharmacy makes 100-hour move

Retailing Blyth is first site to be granted a contract



MP Ronnie Campbell (centre) celebrating the opening of Alliance Pharmacy's first 100-hour pharmacy with the branch team

Alliance Pharmacy has opened its first 100-hour pharmacy under control of entry exemptions.

The site in Blyth, Northumberland, was granted a contract under the extended opening hours rule after having an application denied by the PCT under the old regulations.

The store was officially opened last month by Ronnie Campbell, MP for Blyth Valley.

Alliance Pharmacy said it will collaborate with Northumberland

Care Trust to develop services such as medicines use reviews, a minor ailments scheme and smoking cessation. Patients will also be offered chiropody and reflexology from the treatment room onsite.

Allen Dickinson, area development manager, said: "The new pharmacy provides much greater access to healthcare advice and services and gives the best possible service to our customers in the local community." **TH**

Leeds pharmacies support public health campaigns

Practice Promotion with PCTs on safe sexual health

Pharmacies throughout Leeds are promoting safe sexual health as part of six city-wide public health campaigns.

Each campaign, forming part of the new pharmacy contract, runs for two months. In July and August 155 pharmacies join forces with the five Leeds Primary Care Trusts to help local people become more aware of the consequences of their sexual behaviour.

Smoking cessation and obesity were covered earlier in the year. Reducing harm from alcohol starts in

September, immunisation in November and reducing heart disease, strokes and cancer in January 2007.

The sexual health campaign was launched at Asda, Owlcotes Centre, Pudsey. Pharmacist Ofosuene Baffo said: "We're pleased to be involved in this important campaign to raise awareness of issues surrounding people's sexual health."

Participating pharmacies each received 300 leaflets on sexual health from the public health resource centre, tailored to local people. **JE**



Vicky Womack, senior health promotion, young people's sexual health (centre), with Mohammed Hussain, community pharmacy advisor, Leeds North East PCT, at First Choice Travel in the Owlcotes Centre Asda store



I need
an effective
pain reliever,
not potential
GI complications.

- Over the counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and aspirin, are contra-indicated in people with gastrointestinal (GI) bleeding and ulceration.¹
- When used regularly at OTC doses, ibuprofen and aspirin have the potential to cause serious GI problems.^{2,8}
- The risk is exacerbated by factors such as age, smoking, alcohol consumption, or use of corticosteroids or anticoagulants.^{4,6,9}
- The active ingredient in Panadol (paracetamol) does not increase the risk of serious GI adverse events^{4,6} is not associated with upper GI bleeding regardless of dose¹⁰ and remains drug of first choice for patients with mild to moderate pain.^{2,4,8,10}

The next time they need pain relief, be sure to recommend Panadol.
Panadol Tablets are for the relief of mild to moderate pain.

Panadol
Paracetamol

It's my choice.

References: 1. British National Formulary. Edition 51, March 2006. Chapter 10: Musculoskeletal and joint diseases. Non-steroidal anti-inflammatory drugs. 2. Singh G. Am J Ther 2000; 7: 115-121. 3. Wilcox CM et al. Arch Intern Med 1994; 154:42-46. 4. Garnett WR. J Am Pharm Assoc. 1996; 18:36:565-72. 5. Blot WJ, McLaughlin JK. J Epidemiol Biostat 2000; 5: 137-142. 6. Peura DA et al. Am J Gastroenterol 1997; 92: 924-928. 7. Biskupiak J et al. Abstract presented at the American College of Gastroenterology 70th Annual Meeting, 2005. 8. Scheiman JM et al. Clin Gastroenterol Hepatol 2004; 2: 290-295. 9. Stiel D. Am J Ther 2000; 7: 91-98. 10. Lewis SC et al. Br J Clin Pharmacol 2002; 54(3): 320-326.

Panadol Tablets Product Information. **Presentation:** Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** *Adults and children, 12 years and over:* Two tablets up to four times daily. Not more than 8 tablets in 24 hours. *Children 6-12 years:* Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctors advice. *Children under 6 years:* Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** 16's, GSL, 32's P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compac 16's £1.39, Carton 16's £1.85, 32's £3.15. **Date of last revision:** May 2006. Panadol is a trade mark of the GlaxoSmithKline group of companies. Superbrands is a registered trademark.

Your views

SOS weakened Society before Foster

Foster review reinforces 'folly' of campaign

The publication of the Foster review only serves to reinforce the folly of the Save Our Society campaign.

Throughout the review of the Charter, members were warned that the SOS road would lead to the separation of the two roles – regulatory and professional leadership. Those who stood firm against SOS were ridiculed and yet they were the individuals who sought to maintain the dual role for the organisation as they recognised the Society's strength lay in the joint role.

At the time I painted an analogy between the Grand Old Duke of York and the path SOS sought to travel. The profession has been taken up the wrong hill and finds itself wandering aimlessly in the healthcare arena.

Clearly there were those who felt they would gain from such disarray and may themselves want to fill the void that will undoubtedly ensue. But a separate regulatory and 'royal college' body is a poor substitute for the robust, well respected and world renowned Royal Pharmaceutical Society of Great Britain that we had less than two years ago.

Once the two roles are separated, practising pharmacists will still have



Andrew Burr: the profession has been taken up the wrong hill

to be registered with the regulatory body but there will be no obligation to be a member of the professional leadership body.

SOS will endeavour, as they always do, to spin that they are looking after the membership – but the reality is that they took the Society to the cliff edge and watched as it fell into the abyss.

**Andrew J Burr
Sutton Coldfield**

Further reaction to Foster appears on page 4 ➤

Time for leadership in NI

PSNI must make a stand to continue representation

With the demise of the Pharmaceutical Society of Northern Ireland being called for by DHSSPS and being recommended in the Foster report, I am appalled that PSNI's only response seems to be to call for a consultation with members (C+D, July 22, p5); it's like calling for a cup of tea when the back wall of the house has just caved in.

A stark choice faces the pharmacy profession in Northern Ireland. PSNI, the profession's independent representative and regulatory body, either shuts up shop and pharmacists here – by default and when primary legislation becomes available – become members of the Royal Pharmaceutical Society. Or PSNI makes a stand and decides, along

with the profession it represents, that it should be given the right to continue to represent and regulate pharmacists in Northern Ireland.

This might be a complex issue; we don't have the Health Act 1999 and we don't have a Privy Council but we could be disadvantaged from a representational point of view should PSNI cease to exist. Pharmacists need to be clear on this.

I call on all pharmacists to make up their minds and contact their council member. Ambivalence on this issue is as good as giving up, yet perhaps the keys of 73, University Street have already been handed over to the CHRE.

**Terry Maguire
Belfast**

NPSA seeks your input

Agency committed to improving patient safety

We are writing in response to

Xrayser's column of July 1 (p17), "I'd rather be rich than a saint", and John D'Arcy's article of July 15 (p14).

One of the key roles of the National Patient Safety Agency is to raise awareness about conditions and circumstances which have patient safety implications and to share good practice to minimise these. Raising awareness is particularly important as it stimulates debate, encourages change and highlights innovative solutions.

The NPSA is undertaking a project looking at ways in which we can reduce patient safety incidents (errors and near misses) with

The NPSA is aware that many community pharmacists recognise this need and try to purchase generic products from the same manufacturer. Some community pharmacists have said that they would like to maintain supply continuity, subject to issues of cost and availability of products from the usual suppliers. The NPSA would like to raise the importance of continuity of manufacturer with both community pharmacists and wholesalers.

In implementing any change, cost is only one element. The NPSA cannot limit itself to only raising awareness of problems where the

Maintaining continuity helps staff, patients and carers become familiar with generic products

dispensed medicines. We are planning to publish patient safety booklets describing best practice in the Design of Dispensed Medicines and the Design of the Dispensing Environment in 2007 and send these materials to community and hospital pharmacies, and dispensing general practitioners.

As part of this work, we have met with patients and patient organisations to gain better understanding of safety issues from their perspective. A lack of continuity of supply of generic medicines from the same manufacturer is one of many contributing factors to patient safety incidents with dispensed medicines. Other contributing factors include the quality of the dispensing label, where the font size is too small and faint, look alike packaging of medicines (both manufacturers' packs and those dispensed from bulk), use of child resistant closures for patients unable to use these devices, and inadequate information and communication about dispensed medicines.

Maintaining continuity helps staff, patients and carers become familiar with generic products and helps to minimise the risk of selection errors and confusion when dispensing and administering these medicines.

recommendations are cost neutral. In highlighting the problems associated with lack of continuity of supply, the NPSA hopes it may encourage community pharmacists to consider whether there are steps they can take to maintain continuity of supplier or support patients where continuity of supplier is not possible. Not only will this improve patient safety but it will better meet the needs of patients and may promote customer loyalty.

As part of the NPSA work on safer dispensing practice, we wish to identify best practice and where necessary 'new' dispensing practices to improve patient safety. We are particularly interested in identifying improvements to computer labelling systems and pharmacy design layouts.

If you want to contribute your ideas or your examples of good practice, please contact Catherine Dewsbury, project pharmacist at the email addresses below:

**Professor David Cousins
head of safe medication practice
Catherine Dewsbury
project pharmacist
catherine.dewsbury@npsa.nhs.uk**

Email your views to
chemdrug@cmpmedica.com

There
Dry or chapped skin

There
Sunburn

There
Abrasions and minor burns



Treat your customers' skin to
handfuls of TLC this summer.

Care
Aqueous Cream

Care
Calamine Lotion
Aqueous Calamine Cream

Care
Antiseptic first aid cream



Every pharmacy wants to take care of their customers and the Care range helps you to do just that. As the weather gets warmer, you will see all the familiar signs of summer coming through your door. So if you want your customers to feel really looked after, make sure you offer them handfuls of care from our range for common summer ailments. For more information about the Care skincare range please call **01484 848200** or contact your local sales representative.



All the care you need.

Comment from the editor

Look out for Health Act loopholes and the virtual pharmacist



The bill that could see the pharmacist freed from the need to be on the pharmacy premises while still being in charge has been made law. In addition, the Health Act enshrines the concept of the responsible pharmacist and the prospect of contract applications being decided on OTC medicine provision.

There will be many pharmacists who see this as a threat to the way they are working, and certainly the Royal Pharmaceutical Society has its concerns. In particular, it is worried that health ministers have gone against its advice and have retained the

clause allowing exemptions to the rule of allowing a pharmacist to be responsible for only one pharmacy at a time.

But this, coupled with its views contained in the Foster Review published shortly before the Health Bill was enacted, further demonstrate this government's contradictory approach – it wants increased patient safety and the public interest put first, but with health costs cut. Unfortunately, the public interest in saving on the public purse is short sighted if safety problems subsequently arise.

Yes, the detail will be expressed in the subsequent secondary legislation but the regulations will only ever be a three-way compromise between what the government thinks it can get away with, the lobbying effect of those organisations who see potential loopholes and a way of cutting employee costs, and what influence the pan-pharmacy representational bodies still retain.

As for the government's nannying interference – stipulating what a pharmacy needs to sell in its front shop in order to decide competing pharmacy contract applications – it shouldn't be a surprise. Is this government's policy of seemingly wanting to micromanage everything simply a way of justifying

the large number of bureaucrat jobs it has created in the NHS in an attempt to control unemployment figures?

Have the ministers really considered what is in the best interest? With the prospect of the public not always having reasonably instant access to a pharmacist, all the hard work that has gone into directing the public to pharmacy as a first port of call could be in vain.

Is this government's policy of wanting to micromanage everything simply a way of justifying the large number of NHS bureaucrat jobs it has created?

Your views

Dear Prudence, it's time for a change

Lambeth Outlook: Beverley Parkin anticipates the impact on health services of a change in Labour leadership



Depending on which columnist, blogger or backbench commentator you listen to, Tony Blair could be gone by the summer, by Christmas, or by Labour Conference 2007.

Whatever the timescales, there seems to be little evidence that he will remain in office for much longer. As the cash for peerages issue drags on, there is a sense in Westminster that a quiet tipping point has been

reached and that a speedy transition is what is now needed.

It is now almost certain that Gordon Brown will be prime minister by September or October 2007. On that basis, people in the health sector are going to be very interested in him and what the future might bring. More of the same – or all change?

Mr Brown's forces are now well placed in the Cabinet but only in those departments abandoned by Mr Blair, and there is little doubt in Mr Blair's mind that Mr Brown is to be the next PM. The chancellor's recent Mansion House speech supporting the new nuclear deterrent to replace Trident and his acquiescence to Mr Blair over pegging pensions back to earnings all speak of some kind of accord between the two men. He now speaks not of prudence, but of the need to "broaden, deepen and intensify" the economic and business reforms that have defined New Labour.

The practical upshot of this is that we are likely to inherit a prime

minister who believes that the government is there to steer rather than row, to set the strategy rather than directly provide the means to fulfil it. Forget privatisation – Mr Brown's premiership will be a purchasing, procuring premiership, with the private sector used in more innovative ways, particularly in the provision of healthcare.

We saw evidence of the direction of travel recently when, speaking at the All-Party Group on pharmacy, Patricia Hewitt was found to have nothing but praise for the way in which the US system of HMOs interacted "in real time" between physician and pharmacist, checking electronically the accuracy of prescribed medication.

In Mr Brown's world, it is more than likely that commissioning and provision of services will be at the forefront of the health agenda. There is nothing new in that, I hear you say. True, to an extent, although the pace will quicken, and some of the distractions of the 'choice' agenda

are likely to be lost. It is often said that Mr Brown appears to be of the view that a good local hospital and school for everyone is the most important outcome.

Mr Brown remains convinced of the need to keep the economic reforms on track, and needs to convince the City and the business community that his brand of social reform will provide new opportunities, rather than closed markets. Taken together, this may form his blueprint for winning the 2009 general election.

At the back of his mind will be the experience of a past Labour prime minister who took office mid-term – Jim Callaghan. Many commentators are convinced that Mr Callaghan should have gone to the country in 1978 but he clung on, waiting for an upturn in support. If he is the next prime minister, Gordon Brown might well want to go to the country early, to stamp his mark and push for his own mandate.

Beverly Parkin, RPSGB director of public affairs

Xrayser

Topical Reflections



Foster – am I bothered?

I wonder how many 'normal' community pharmacists are interested in the implications of important documents such as the Foster review and the draft Section 60 Order (C+D, July 22, p4-5).

I'm simply too bogged down in the day-to-day running of a business to see past the end of the month at the moment. I usually wait until I can see a direct financial or practical impact from this type of issue before I start paying attention, and then of course it's too late. I know the Foster review implies both costs and paperwork, but then so do most of the other, more pressing, issues I'm currently facing.

So what if the Society splits into two? Apart from a hint of nostalgia for our lovely coat of arms and a noble tradition, I can see no obvious drawbacks or advantages either way. If I put my mind to it I can appreciate plenty of the theoretical arguments on both sides, but from my point of view they are purely academic and a long way in the future. Most members believe that the Society

is so irrelevant that they don't even bother to vote in Council elections. I doubt that these pharmacists care whether the Society loses its representative function or not.

A separate representative body may be more effective at putting our position across to those in power, or it could just serve to dilute our message. I would like to see it merge with PSNC or the NPA to enhance our representation. A separate regulatory body will undoubtedly lead to more, unnecessary, regulation.

I can see why our colleagues in Northern Ireland are unhappy about the prospect of a merger between PSNI and RPSGB, particularly if the merged organisation retains any hint of royalty. A Europe-wide body surely can't be far away.

I am glad that doctors are also being made to jump through uncomfortable hoops, as we shouldn't forget that it was the inadequate regulation of their profession that triggered all this upheaval in the first place.



Black Bag

Questions and bad answers

I was once interviewed for a job as TV presenter on health by a well known broadcasting company. In front of a queue of wannabe presenters I pushed my woolly sock microphone into the producer's face, doubling as the 'patient'. Afterwards he complimented me on my technique. "You were amazing Ian," he gushed, "humble yet with authority, wise but eager to learn." Before I could agree he concluded: "Unfortunately you're a dead ringer for Harold Shipman. Next!"

A medical politician once advised me to "never ask a question to which you do not want an answer". Similarly, he urged me to "never ask a question to which you don't already know the answer". Government appears to apply these criteria quite firmly but also adds its own caveat: "Ask as many questions as possible but ignore all the answers except the right one."

The RPSGB has embarked on Public Patient Involvement for all the right reasons. Even so, some of the answers they will get back after

Most pharmacy users do not have a baldy clue about the RPSGB

inviting patients to say what they think of the Society might be hard to live with. Sadly most pharmacy users do not have a baldy clue about the RPSGB, let alone what they would like it to be in the future.

It is not alone – most people think doctors need to be a member of the BMA to practise and that the General Medical Council only looks after senior army personnel.

Question: "How many BMA members does it take to change a light bulb?" Answer: "Change? Who said anything about change?"

Making an informed observation on a better role for the RPSGB requires a certain insight. Asking for instance, "Do you think the RPSGB should implement regular pharmacist appraisal?", might prompt, "Yes, but not on Tuesdays when I get my bloody medication for Tourette's Syndrome".

Dr Ian Banks is a GP practising in Northern Ireland

Say hello, wave goodbye to DulcoEase

The launch of Boehringer Ingelheim's DulcoEase (C+D, July 22, p22) signals the impending loss of one more drug to the supermarket shelves. But perhaps I should first welcome this new product to the pharmacy shelf, albeit only for a month.

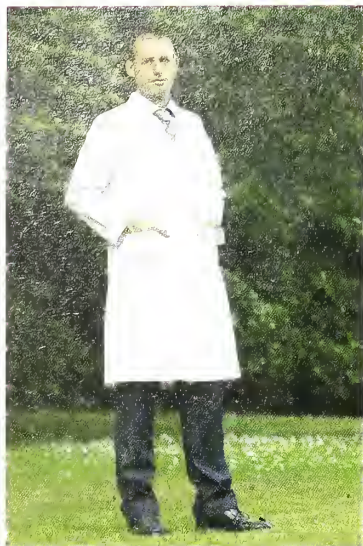
This must be the shortest period of pharmacy exclusivity for any OTC medicine, and makes me wonder why anyone would launch a pharmacy product at the end of July in the full knowledge that it will be widely available as GSL in September. I'm normally grateful for manufacturers' large advertising spends, but as DulcoEase's campaign does not begin till the autumn, it obviously won't be

pointing people towards their pharmacist.

I'm not generally in favour of using pharmacy as a testing ground for products that later become GSL, but I thought the idea was to educate at least some patients in safe use and to identify any potential safety issues. Five weeks is hardly long enough to achieve either of these aims.

I know some laxatives are already GSL, but adding to this list will only raise awareness and increase the potential for abuse. All patients with constipation should be asked some questions to ensure that they do not have a serious condition before commencing laxative treatment – I can't see the checkout operator doing this.

CD



Name
Richard Lowrie

Pharmacy
**Community pharmacy
development team, Glasgow**

What has he done?
**Set up a community pharmacy
scheme to support heart failure
patients in Glasgow**

Pharmacy Champions

Pharmacists leading the way



What have you set up?

The heart failure service took four months to plan and was launched after a training event at the end of March 2005, repeated in 2006. I was helped by David Thomson, director of primary care pharmacy in Glasgow. I organised nine training sessions for pharmacists who each attended one evening. 326 pharmacists from 198 pharmacies in Glasgow took part. We taught them about heart failure and involved them in role play with real patients and other pharmacists.

Referrals come from GP practice-based pharmacists or heart failure liaison nurses after conducting a clinical medication review. They pass information about the patient, their condition and medication to the community pharmacist, who every one to two months discusses with each patient their condition and monitors medication. We designed a form for the pharmacy, which documents everything. The aim is to

ensure patients leaving hospital keep taking medicines, understand their condition, recognise signs their health is deteriorating and make an informed choice about what they should do.

Were there difficulties?

We had no trouble encouraging patients to go into their pharmacy, but some difficulties with pharmacists not having time to talk, or not being comfortable with the forms, or forgetting, or the patient forgetting to ask. Sometimes the patient could decide to go to another pharmacy. The pharmacists have to be careful they don't overlap with GPs and nurses. Joint working is easy to conceptualise but difficult to do, but the patients do need extra support. My main problem was the lack of an off-the-shelf package showing how this should be done.

How have the locals reacted?

The GPs are quietly guarded about it. I suppose they're comfortable enough. I

haven't actively gone out to ask them. During the first year I've been keen for the process to bed in. The fact that more than 800 patients have signed up is a ringing endorsement.

Our team won the NPA/Guild of Healthcare Pharmacists Award 2005 with the service and will report at the NHS Alliance Conference in Bournemouth in November.

Any advice for others?

Anyone could set up a service like this but would have to know which patients have heart failure. You could only find out if you had good GP links and could access clinical information. It's also necessary to have funding to incentivise pharmacists. Get the stakeholders and strategy groups involved before you start the ball rolling.

Nominate your Pharmacy
Champion: 01732 377688
or chemdrug@cmpmedica.com

Group Editor

Charles Gladwin, MRPharmS

News and Deputy Editor

Gary Paragpuri, MRPharmS

Features and Monthlies Editor

Fiona Salvage, MRSC

Clinical and CPD Editor

Asha Fowells, MRPharmS

Business Editor

Max Gosney

Marketing Editor

Lesley Ribbens

Contributing Editor

Adrienne de Mont, FRPharmS

Production Editor

Fay Jones, BA

Group Art Editor

Richard Coombs

Editorial Production Assistant

Bethany Straker

Editorial Secretary

Jan Powis

(tel): 01732 377487

(fax): 01732 367065

chemdrug@cmpmedica.com

Price List

Colin Simpson (Controller)

Darren Larkin (Data Manager)

Maria Locke (Senior Clerk)

Price List (tel): 01732 377407

(fax): 01732 377559

Sales Director

Roy Jacques

07818 454831

Senior Sales Manager

Mark Walley

01732 377419

Sales Managers

Daniel Spruytenburg

020 7921 8126

Deborah Heard

020 7921 8119

Senior Sales Executive

Amy Turner 020 7921 8124

Projects Director

Patrick Grice, MRPharmS

Pharmacy Projects

Administrator

Pauline Sanderson 01732 377269

Production

Katrina Avery

Marketing Manager, Healthcare

Lisa Taylor

Commercial Director,

Healthcare

Mary McGregor

Publishing Director's PA

Elaine Steele 01732 377621

Publishing Director

Phil Callow

© CMP Information Ltd Chemist + Druggist
incorporating Retail Chemist, Pharmacy
Update and Beauty Counter

Published Saturdays by CMP Information
Ltd, Sovereign Way, Tonbridge,
Kent TN9 1RW

C+D on the internet at:

<http://www.dotpharmacy.com/>

Subscriptions: (Home) £173 per annum;
(Overseas & Eire) \$412 per annum. Single
copies C+D £3.50 (postage extra). Extra
Price List for subscribers: £16 per single
copy; for non-subscribers: £55 per single
copy. Subscription plus additional Price List:
UK £173 plus £120; overseas: \$412 plus
\$205.

Circulation and subscription: CMP
Information Ltd, Tower House, Sovereign
Park, Lathkill St, Market Harborough, Leics.
LE16 9EF. Telephone: 01858 468811
Fax: 01858 434958

Refunds on cancelled subscriptions will only
be provided at the publisher's discretion,
unless specifically guaranteed within the
terms of subscription offer.

The editorial photos used are courtesy of
the suppliers whose products they feature.

We are not responsible for the content of
any external websites referred to in this
magazine.

C+D
Chemist+Druggist

Newsdesk
01732 377688

Business desk
01732 377315

Products
01732 377600

Features
01732 377487

Clinical
01732 377463

Email chemdrug@cmpmedica.com or
firstinitialsurname@cmpmedica.com



The benefits of a refit with Numark include:

- + Sales increases that regularly exceed 20%
- + Free launch package
- + Free new store fascia

To discuss your requirements call: **01827 841 200**

The Pharmacy Show is the UK's new premier pharmacy event showcasing the best new products, services and deals for pharmacists and their staff. PLUS an extensive seminar programme with leading industry spokespeople, it's the one event you can't afford to miss!

The Pharmacy Show

Why it's the one event you can't afford to miss...

1. It's **FREE** to attend
2. Over 150 pharmacy suppliers are already booked to attend
3. Extensive accredited seminar programme with high profile speakers in the pharmacy industry
4. Pre-register and get free gifts
5. Lots of fun activities for you, your family and colleagues including a crèche, a Golf Pro tuition area and a Pharmacy cricket competition, hosted by the legendary Dickie Bird, as well as free health and beauty treatments.

Beat the queues!

PRE-REGISTER

now for fast access to the show

PRE-REGISTER

and claim your free **Thermo Mug** to keep your coffee hot while you deal with customer queries. You will be sent your pre-registration ticket. Keep hold of this ticket and bring it with you to the show. Present your ticket at the C+D exhibition stand to claim your gift.



PRE-REGISTER

and get a special **delegate pack** with **extra gifts** from exhibitors



Every 200th person who pre-registers for the Pharmacy show will receive a high quality travelling bag with wheels and integrated telescopic aluminium handle for those business trips or long weekends away!

Four ways to pre-register

1. Visit our website at www.thepharmacyshow.co.uk
2. Complete the attached form with a stamp and simply put in the post
3. Phone the Pharmacy Show team on +00 44 (0)870 333 1277
4. Fax the attached form to the Pharmacy Show faxline +00 44 (0)870 333 1288

PRE-REGISTRATION FORM

Please complete and send this form to:

The Pharmacy Show,
Pioneer Shows Ltd,
Holly Farm Business Park,
Honiley, Kenilworth, CV8 1NP

Details of the person pre-registering

Name

Job Title

Work Address

Telephone

Email

Information you supply to CMP Information Ltd may be used for publication where you provide details for inclusion in our directories or "A-Z" (online and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept PGT685, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357

C+D Clinical

It's about time

Asthma and heart attacks are more frequent in the early morning. Some drug responses, too, depend on our biological clocks



Mark Greener

The study of biological rhythms began, as with so much else, in Ancient Greece. Aristotle noticed in the 4th century BC that the ovaries of the Mediterranean sea urchin swelled during the full moon. Since then, biologists have discovered numerous other rhythms, from year-long growth cycles, monthly menstrual cycles, daily sleep-wake cycles, our 10 breaths or 70 heartbeats per minute, right down to a nerve's cycle of electrical activity of less than 0.1 second. They've found that critical biological processes in organisms as diverse as eels, nightjars, toads, carrots, potatoes and

mammals follow deeply entrenched rhythms. And they've discovered that biorhythms contribute to the symptomatology of common diseases and about 20 per cent of the variation in drug responses.^{1,2}

This feature considers how pharmacists can optimise treatment outcomes by working with these biorhythms.

The neurology of rhythm

Circadian rhythms allow organisms to anticipate, rather than just react to, daily events such as variations in food availability or predators' hunting patterns. Indeed, it is such a

useful survival technique that the ability to follow circadian rhythms seems to have evolved independently on several occasions in different organisms.³

In mammals, a small region of the hypothalamus called the suprachiasmatic nucleus (SCN) acts as our biological timekeeper. In common with other tissues, not every gene in the SCN produces proteins continually at the same level; gene expression



This article can help you with the following CPD competencies: G1, G8a, G8f, C1f. See www.tinyurl.com/19-zu

Pharmacy update

waxes and wanes. So the SCN rhythmically expresses several 'time keeping' genes, such as clock, and the family of Per (period) genes. Other brain regions and some peripheral tissues also rhythmically express these time keeping genes, although they do not necessarily follow the pattern laid down by the SCN.⁴

Without environmental cues, the SCN follows a 25-hour rhythm. Light adjusts the SCN to the geophysical time, for example the day's varying length. The SCN receives information about light levels through a nerve tract that runs directly from the retina. Nerves from the SCN run to other areas in the hypothalamus and, either directly or indirectly, to the thalamus, limbic system and pineal gland, which produces melatonin. These connections allow the SCN to control the wide range of biological functions discussed below. For example, light suppresses the production of melatonin, which neuroscientists believe may transmit information about the light-dark cycle and day length to other tissues, allowing the organism to organise behaviour based around the season.^{3,5,6}

Understanding disease

Biorhythms contribute to the pathophysiology and clinical profiles of several diseases, as the following examples illustrate:

- Lung function shows a circadian rhythm reaching a nadir in the early hours. The nadir in asthmatics is lower than that in healthy people. As a result, asthma attacks occur more frequently at night compared with other times of the day.^{5,7}
- Capillary resistance, platelet aggregability and vascular reactivity peak, while fibrinolytic activity decreases, in the morning compared with later in the day. Blood pressure is lowest during sleep and then rises sharply in the morning. These changes contribute to the peak in myocardial infarctions, sudden cardiac death, stroke, ischaemia and angina pectoris in the early hours of the morning.^{5,7}
- The growth of a cancer shows two peaks, one in the middle of the day and one midway through the night. During these times, DNA synthesis and mitosis can more than double and increase three fold respectively. Blood flow to the cancer increases up to three fold during these growth peaks.^{7,8}
- Changes in circadian rhythms in cancer patients may correlate with poor outcomes, such as survival, adverse events and quality of life, independently of other prognostic factors. For instance, mice that do not express Per2 are prone to cancer. The protein encoded by Per2 seems to modulate the expression of other genes, some of which control the cell cycle.^{3,7,9}
- Many people with epilepsy find that their seizures follow a particular pattern over the course of the day. In most epileptic syndromes, between 13 and 18 per cent of patients report that sleep precipitates a seizure. Several biological processes contribute to this pattern. For instance, melatonin – which is suppressed

in daylight – may be an anticonvulsant.

Certainly, removing the pineal gland makes seizures more likely.⁶

- By definition, some diseases – such as premenstrual syndrome, menstrual migraines and seasonal affective disorder – follow longer rhythms.

Pharmacokinetic variations

Numerous biological factors influence a drug's pharmacokinetic and pharmacodynamic profile including blood pressure, heart rate, glomerular filtration, first pass metabolism and plasma protein levels as well as gastrointestinal acid secretion, motility and emptying time.

All these show circadian variations and, as such, potentially influence pharmacokinetics.⁵ For example:

- The maximum plasma concentration (C_{max}) for oral propranolol is 38.6 and 26.2ng/ml in the morning and evening respectively. C_{max} for immediate release nifedipine is 82.0 and 45.7



ng/ml in the morning and evening respectively. In contrast, sustained release nifedipine shows C_{max} of 48.5 and 50.1ng/ml in the morning and evening respectively. The time to reach C_{max} (t_{max}) for immediate release nifedipine is 0.4 and 0.6 hours in the morning and evening respectively.⁵

- Absorption half-lives for triazolam and lorazepam in the evening are two to three times higher than in the daytime.²
- Changes in gastrointestinal function influence tablet dissolution. As a result, the absorption of some drugs – such as valproate – is lower at night than during the day.⁶
- Albumin levels are higher during the day than at night, so free levels of protein-bound drugs such as phenytoin, heparin, diazepam and carbamazepine are higher in the early morning.²

Clinical relevance

Pharmacologists' appreciation of these variations raised the prospect of chronotherapy: the timed administration of drugs according to biological rhythms.⁹ For example:

- Prinzmetal's angina is most common during sleep. Therefore, patients may benefit from applying glyceryl trinitrate patches at night and removing them during the day, whereas the reverse applies for exercise-induced angina.²
- Aspirin suppresses platelet aggregation most effectively when given in the early morning.²
- Taking long acting beta-blockers and sustained release calcium channel blockers, rather than immediate release formulations, protects against early morning ischaemia and blunts the peak in blood pressure. This seems to translate into a lower risk of cardiovascular events and strokes.^{2,5}
- Acid secretion in the stomach tends to peak between 2am and 6am. Advising patients to take H_2 antagonists at bedtime suppresses the peak acid production and prevents them waking in pain in the early morning.^{2,7}
- Osteoarthritis pain tends to be worse in the evening and during the night. In contrast, the pain of rheumatoid arthritis usually peaks in the morning and then subsides gradually. Patients with osteoarthritis should be advised to take once-daily NSAIDs at midday, while those suffering from rheumatoid arthritis may benefit most from evening dosing.^{2,7,10}

Crucial circumstances

Considering biorhythms may be especially important in certain circumstances, for example, when:

- The risk of the condition or symptom severity follows a predictable pattern, such as asthma, arthritis, duodenal ulcers and myocardial infarction.²
- The therapeutic window is particularly narrow, such as digoxin and lithium.²
- Efficacy depends on the timing. For example, certain cancer drugs are more effective and better tolerated when tailored to variations in tumour growth. In one study, patients received either a standard irinotecan infusion over one hour or a six hour sinusoidal infusion that peaked at 5am. All patients also received chronomodulated folinic acid and 5-fluorouracil. Patients who received the standard irinotecan infusion showed an 18.2 per cent response rate, progression-free survival of six months and median survival of 18 months. Chronotherapy improved outcomes to 25.7 per cent, eight months and 28 months respectively.^{2,9,10}
- Biorhythms influence several drugs' pharmacokinetics or pharmacodynamics, eg highly protein-bound drugs, some antihypertensives and NSAIDs.²
- Using exogenous replacement hormones or measuring endogenous hormone levels. For example, quantifying adrenocorticotrophic hormone (ACTH) levels aids the diagnosis of

Continuing professional development

Reflect

The existence of a biological clock is well known. But did you realise that physiological changes related to these biorhythms can alter the effect of some drugs? Were you aware, for example, that aspirin suppresses platelet aggregation more effectively in the early morning? And that the growth of a cancer shows two peaks in 24 hours, so certain anti-cancer drugs are more effective when tailored to these times?

Plan

By reading this article you will know:

- The area of the brain that acts as our biological timekeeper.
- Diseases that are affected by biorhythms, eg why the incidence of heart attacks increases in the early morning.
- How some drugs' pharmacodynamic profiles are affected by circadian variations in physiological factors.
- How drug outcomes might be improved by considering biorhythms.

Act

- Consider the drugs listed under 'Clinical relevance.' Make a note of these and decide whether you should amend the advice you give on labels for dispensed medicines or when counselling patients on how to take these drugs.
- Try to find out more about other drugs mentioned in the article, such as lithium and digoxin, for which timing in relation to biorhythms may be critical. Decide if you should amend the advice you give to patients taking these medicines.
- Make a note of the next, say, 20 patients presenting prescriptions for immediate release beta-blockers and calcium channel blockers and consider whether they should take longer-acting preparations instead.
- Find out more about the effects of melatonin and light falling on the eye and how these relate to shift-working and avoiding jet lag.

Evaluate

Would you now feel more confident about giving advice on the timing of medication that might depend on biorhythms? If not, select some of the references listed for further reading.

Cushing's syndrome, Addison's disease, hypopituitarism and several other diseases. Generally, ACTH levels peak after around 8am and reach a trough between 10pm and 2am. However, ACTH levels vary markedly between patients, with the peak occurring any time from 6am to 10am. Drug dosing and diagnosis based on ACTH should account for the patient's individual oscillations.²

Emerging areas

Despite intensive research, we are only just scratching the surface of this complex and enigmatic area. Biological processes may follow several cycles simultaneously. So corticosteroid secretion follows superimposed cycles of one hour, 24 hours and one year.² Furthermore, other cues – including chemicals, food and temperature – modulate circadian rhythms in mammals.³

How these factors influence clinically relevant biological and pathophysiological

variations is not fully understood.^{2,3} Nevertheless, studies of biological rhythms are beginning to help pharmacologists better understand the mode of action of some drugs. Several studies show that long-term treatment with fluoxetine, morphine, alcohol, cocaine and several other centrally active drugs alter the expression of several time keeping genes in the striatum, hippocampus and other brain regions. For example:

- Genetically modified mice that do not express Per1 experience less powerful reward associated with cocaine and so may be less prone to addiction.
- Per2 knockout mice prefer areas of the cage associated with cocaine administration, suggesting an increased risk of addiction.
- Administering alcohol for two weeks to rats changes the expression of members of the Per gene family in the hypothalamus generally and the SCN in particular.

These changes may contribute to the neuronal plasticity that probably underlies

Key points

- Biorhythms contribute to the symptoms of several common diseases and about 20 per cent of the variation in responses to drugs.
- Sophisticated controlled release formulations and simple advice from pharmacists can optimise therapeutic outcomes by working with these biological rhythms.
- Biorhythms influence several drugs' pharmacokinetics or pharmacodynamics, eg highly protein bound drugs, some antihypertensives and NSAIDs.
- Studies of biological rhythms are beginning to help pharmacologists better understand some drugs' mode of action including antidepressants and drugs of addiction.

addiction and antidepressant's benefits.^{4,11}

Over the next few years pharmacists can expect a growing number of formulations that use sophisticated controlled release technology to work with biorhythms.⁷ Biological rhythms are an intrinsic part of nature, life and, increasingly, pharmacy practice. It's about time.

References:

1. Endres, K-P, Schadt, W. *Moon Rhythms in Nature*. 1st ed. Edinburgh: Floris Books, 2002.
2. Turkoski, BB. Medication timing for the elderly: The impact of biorhythms on effectiveness. *Geriatric Nursing* 1998; 19:146-52.
3. Schibler, U, Sassone-Corsi, P. A web of circadian pacemakers. *Cell* 2002; 111: 919-922.
4. Manev, H, Uz, T. Clock genes: influencing and being influenced by psychoactive drugs. *Trends in Pharmacological Sciences* 2006; 27:186-9.
5. Lemmer, B. The clinical relevance of chronopharmacology in therapeutics. *Pharmacological Research* 1996;33:107-115.
6. Quigg, M. Circadian rhythms: interactions with seizures and epilepsy. *Epilepsy Research* 2000;42:43-55.
7. Youan, B-B C. Chronopharmaceutics: gimmick or clinically relevant approach to drug delivery? *J Controlled Release* 2004; 98:337-353.
8. You, S, Wood, PA, Xiong, Y, Kobayashi, M, Du-Quinton, J, Hrushesky, WJ. Daily co-ordination of cancer growth and circadian clock gene expression. *Breast Cancer Res Treat* 2005; 91: 47-60.
9. Coudert, B, Focan, C, di Paola, ED, Levi, F. It's time for chronotherapy! *Eur J Cancer* 2002; 38: 550-53.
10. Garufi, C, Vanni, B, Aschelter, AM, Zappala, AR, Bria, E, Nistico, C, et al. Randomised phase II study of standard versus chronomodulated CPT-11 plus chronomodulated 5-fluorouracil and folinic acid in advanced colorectal cancer patients. *Eur J Cancer* 2006; 42: 608-16.
11. Greener, M. The plastic brain, C+D, June 12 2004, 21-23.

Mark Greener, a former research pharmacologist, is an award winning freelance medical writer and journalist.

Clinical news

A Practical Approach...

Bethany Straker



"Hi Elaine, nice to see you," says pharmacist David Spencer to local dentist Elaine Bennis. "Have you got time for coffee and a chat?"

"That'd be great," says Elaine, following David into his office. "Things are manic. You know we're expanding the practice so that we can take on more NHS patients because so many dentists are going private? I've been so busy with that, plus my usual workload, that I've not had time to draw breath. Actually, that's one of the reasons I've come to see you."

"Why, is there any way I can help out?" David asks.

"It's nothing special. It's just that I completely forgot that I was running out of my contraceptive pill and didn't send the repeat prescription request to the surgery. I'm due to start a new pack today and there's no way I'll get a script in time. So I'm going to have to write myself a prescription for a month's supply to tide me over. Can I do it as an NHS script or should I write a private one?"

Questions

1. Can David supply an oral contraceptive to Elaine on an NHS prescription she has written herself?
2. Can David supply an oral contraceptive on a private prescription Elaine has written herself?
3. What is the best way to deal with this situation?

This article can help in the following CPD competencies: G1b, G1h, G1s, C5a. See www.tinyurl.com/194zu

Breath of fresh air for diabetes

It's the drug patients with diabetes have been waiting for – Pfizer will launch its long-anticipated inhaled insulin next week.

The SPC states that Exubera is indicated for the treatment of adult patients with type 2 diabetes that is not adequately controlled with oral antidiabetic agents and requires insulin therapy. The product is also licensed for adults with type 1 diabetes, in addition to long or intermediate acting subcutaneous insulin, for whom the benefits of adding inhaled insulin outweigh the pulmonary risks.

Patients must not smoke if they are using Exubera, and must have stopped smoking at least six months before starting the drug. Other contraindications include poorly controlled, unstable or severe asthma, severe COPD, and Exubera is not recommended for patients under the age of 18 years.

All patients prescribed Exubera should have their lung function assessed when they begin treatment, and again after six months. A decline of more than 20 per cent warrants treatment discontinuation. While clinical trials showed small but consistent differences in pulmonary function between Exubera and comparator subjects, no accelerated decline was apparent after three to six months and problems appeared to resolve within six weeks of treatment withdrawal.

Exubera is available in 1mg and 3mg unit dose blisters (approximately equivalent to 3IU and 8IU of subcutaneous fast-acting human insulin respectively), though the SPC warns that inhaling three 1mg blisters causes significantly more insulin exposure than using one 3mg blister. Inhaled insulin has a faster

onset of action than its injected counterpart, hence it should be taken within 10 minutes of starting a meal.

Patients should be counselled on the need to take in the insulin powder from the device's mouthpiece in one slow, steady inhalation, before holding their breath for five seconds and exhaling normally. Dose and timings should be determined on an individual basis by a doctor, and patients should only be transferred onto Exubera under medical supervision.



Pack size, pip code and price information: Inhaler kit 322-9218
£52.68, 90 x 1mg blisters 322-6586
£25.19, 90 x 3mg blisters 322-6602
£62.28
 Pfizer Ltd
 Tel: 01304 616161

In brief

Naseptin returns

Naseptin cream (chlorhexidine hydrochloride, neomycin sulphate) is back in stock following recent supply difficulties. For more information, contact Alliance Pharmaceuticals on 01249 466966.

A practical approach... last week's answers

1. Sativex is an oral spray containing *Cannabis sativa* extract, used for the treatment of neuropathic pain in multiple sclerosis.
2. Sativex has not yet been licensed in the UK but the Home Office has issued an open general licence, which allows pharmacists to dispense it. Prescriptions must be written in the same way as for CD Schedule 2 drugs, but supplies do not have to be recorded in the CD register. Sativex should be stored in a fridge, preferably lockable.
3. Sativex can be obtained through Healthcare Logistics on a named patient basis.

No to antibiotics for runny noses

Antibiotics should not be given for runny noses, according to a BMJ Online First paper.

Researchers in New Zealand conducted a meta-analysis of seven studies that looked at the use of antibacterial drugs for acute purulent rhinitis. Although they found that antibiotics did have some benefit, many patients suffered mild side effects, usually gastrointestinal. They add: "At best, a number needed to treat of seven means that six patients get no benefit for every one who gets benefit."

Supporting current guidelines, the authors say: "Our summation would be to suggest initial management by non-antibiotic treatment or 'watchful waiting' and that antibiotics should be used only when symptoms have persisted for long enough to concern parents or patients."

For more information:
www.bmj.com

If you know these names

Clear Advantage®

Transfix®

Freedom®

Freedom Plus®



Then you know this name
Rochester Medical®

Rochester Medical's® worldwide reputation for continuous care, innovation and high-quality manufacturing well known sheath ranges for years. Now you can find these trusted brands continued locally in the UK by Rochester Medical Ltd, 10 Commerce Way, Lancing BN15 8TA.



To order, or to contact a local sales representative, call +44 (0)1903 875055, or visit us online at www.rocm.com.

Clear Advantage and Freedom® are trademarks of Rochester Medical Corporation. Transfix® and Rochester Medical are registered trademarks of Rochester Medical Corporation. Freedom is a registered trademark name of Rochester Medical Corporation under an exclusive UK licence for urinary catheters.

3411944

Vichy gives feet marching orders

Vichy is turning its attention to feet with the launch of the Podexine range of treatment creams. Designed by chiropodists, the products have a non greasy texture which is instantly absorbed, says the company. All variants are hypoallergenic and contain Vichy Thermal Spa Water.

There are four products in the range. Reconditioning Care for Dry Feet is designed to relieve symptoms such as roughness and hardened skin while improving overall condition. The formula includes polyethylene beads to improve drying times and limit rubbing inside shoes, says Vichy.

Callus Corrector uses salicylic acid to speed up exfoliation and should be used every night, says Vichy. For untreated calluses that have begun to crack, Cracked Heel Repair includes vitamin A palmitate, allantoin, shea butter and sunflower oil to soothe



and stimulate repair. And dual action Anti-Perspirant limits bacterial growth and regulates moisture production.

Prices, pack sizes and pip codes:

Callus Corrector £4.95/50ml, 229-3660; Cracked Heel Repair £4.50/30ml, 229-3702; Anti-Perspirant £4.95/50ml, 229-3637; Dry Feet £8.00/100ml, 229-3710

Product info:

Cosmetique Active
Tel: 020 8762 4030

How did this Sexual Health product become a highly profitable OTC best-seller?

No one could have predicted the huge amount of new repeat business that **STUD 100**® Desensitizing Spray for Men would attract when counter displays and leaflets were placed in High Street Chemists throughout the UK. It just shows how rapidly the market is changing!

STUD 100® is welcomed by consumers because it responds to a real need AND BECAUSE IT WORKS! It is also fully licensed by the MHRA as a P product. **STUD 100**® was developed to help manage over-rapid ejaculation (it contains Lidocaine 9.6% w/w), and it can also help to reinforce a couple's sexual confidence – one of the many reasons behind its dramatic sales success.

STUD 100® is packed in display trays of 12 cans. It costs £2.75 per can and retails for about £5.50. Consumer leaflets, leaflet dispensers and posters are provided FREE OF CHARGE with every order.

A consumer advertising campaign starts soon.



For more information & to place an order, contact:
Pound International Ltd., 109 Baker Street, London W1U 6RP.
Tel: 020 7935 3735. E-Mail pound@dial.pipex.com.

www.stud100.co.uk

ALWAYS READ THE LEAFLET LABEL

Octogenarian Beechams scoops awards

GlaxoSmithKline's Beechams brand is celebrating on three fronts: two award wins and its 80th anniversary. For the second year running – and the fourth time in six years – Beechams has topped the Reader's Digest Most Trusted UK Brand poll in the cold and flu category. Consumers across Europe scored brands according to criteria such as quality, value and image. Results showed Beechams is used by 76 per cent of voters and the brand claimed a 20 per cent share of the vote in its category, in the UK. Beechams has also been awarded



'superbrand' status, becoming one of the top 500 brands identified by Superbrands. It was voted top cold and flu brand by consumers and industry players.

Product info:

GlaxoSmithKline
Tel: 0845 762 6637

FredWorm casts aside reserves

FredWorm will be fronting Threadworm Action Month in September to bring the subject out into the open and encourage parents to seek advice. Believed to affect 40 per cent of children under 10 at some stage, threadworms are often a source of embarrassment. Pripsen manufacturer Thornton and Ross is supporting the campaign and giving away thousands of Hand Hygiene packs to parents via healthcare professionals, the media, local radio and online competitions.



Product info:

Thornton and Ross
Tel: 01484 842217
www.fredworm.co.uk

Lice Attack in a smaller pack



Lice Attack is now available in a 150ml pack. The product joins the existing 300ml kit on-shelf. Based on a coconut oil emulsion, Lice Attack eliminates lice without the need for chemical insecticides, says manufacturer Manx Healthcare. There is no known resistance to the product and no significant side effects, adds the company.

Product info:

Manx Healthcare
Tel: 01926 482511

Price: £7.99/150ml
Pip code: 307-6916

Products in brief

Oral-B is driving sales

Oral-B is launching a new licence for its Stage 3 toothbrush to coincide with the Disney Pixar film,

Cars, in cinemas now. Several designs are available featuring characters from the animation. The brushes will remain available until the end of the year for the release of the DVD in November. Oral-B Laboratories
Tel: 01932 896000

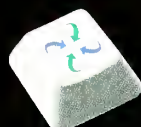


Keeping IT simple

Sounds like a contradiction in terms? Well, not anymore. UniChem have teamed up with the market leaders in pharmacy IT, Cegedim Rx and CSY Computer Systems to offer you a one-stop shop for all your IT needs. Meeting the demands of the Community Pharmacy Contract couldn't be more straightforward. Together we can offer you a complete, trouble-free service, from supplying, installing or upgrading your PMR system, to providing advice, support and training. In fact, our helpdesk is the only one of its kind in the industry. Your job is complicated enough, so let UniChem keep IT simple.



PMR made simple: Get ETP/EPs compliant with a seamless upgrade to Nexphase, or a new installation of either Nexphase or Pharmacy Manager. Benefits range from intervention recording and repeat prescription management to broadband ordering capability and access to our extensive educational/news database. Of course if you have Mediphase you are still fully compliant.



EPoS made simple: Reduce stock holding and improve profitability with instant access to the latest sales information. Provide fast, efficient customer service with a system that's easy to set up and use.



IT Solutions made simple: Everything you need to make IT work for you, such as a dedicated support and consultancy team, pharmacy website hosting and Broadband N3 connection to the NHS network.

"The new functionality within Nexphase version 7.2, which includes the MDS module, has enabled us to concentrate more on professional issues rather than on labelling issues"

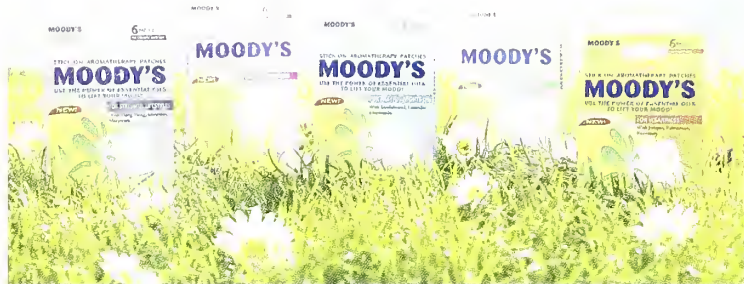
Bharat Patel at Elora Pharmacy.

**Put IT to the test
call 0800 0322454**



UniChem

Choose to take a deep breath



Aromatherapy patches designed to be stuck onto clothes have been launched. Called Moody's, the patches come in five essential oil combinations, formulated to lift the wearer's mood and spirits in a variety of situations for up to 12 hours.

As well as clothing, distributor Ozonex suggests attaching the patches to handbags, dashboards or PC monitors and believes the patches will appeal to nervous flyers, pre-exam students and the sleep deprived. The variants are: Weariness, containing juniper, palmarosa and

rosemary; Restlessness (incense and cypress oil); Stressful lifestyles (ylang ylang, lavender and marjoram); Forgetfulness (ginger and rosemary) and Restful nights (sandalwood, lavender and chamomile).

Product info:
Ozonex
Tel: 020 8728 7667
www.moodyspatches.co.uk

Price: £2.50/six

Charging into pharmacies

H-Squared Electronics has now extended its distribution of batteries to retailers.

H-Squared Electronics
Tel: 01462 851155
www.h-squared.co.uk



Products advertised on TV next week

Aquaban and Aquaban Herbal: GMTV, five, Sat
Bio-Oil: All areas except CTV, CAR, GMTV, Sat
Bisodol: C4
Daktarin Dual Action: Sat
Elastoplast Spray Plaster: STV, Y, HTV, M, LWT, CAR
Huggies Little Walkers and Little Swimmers: All areas
Just for Men: All areas
Kool'n'Soothe Kids and Kool'n'Soothe Migraine: GMTV
Listerine Advanced Tartar Control Mouthwash: All areas
OdorEaters: All areas
Seabond: All areas
TCP Spray Plaster: All areas
TENA Lady Mini Magic & TENA pants: All areas
Vagisil: All areas
Wartner Wart & Verruca remover: G, Y, C, M, CAR, Sat
PharmaSite for next week: Bazuka – Windows, Bazuka – In-store,
Pepto-Bismol – Dispensary
Pharmacy channel: Decta Pro and Pre Biotic Range, and Eurax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, CTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Sure to boost shelf presence

Limited edition cans have been added to Unilever's Sure for Women deodorant brand. Available in the Sure Crystal sub-range, the packs feature new graphics to maximise shelf standout. There are two aerosol variants: Clear Aqua sporting gold graphics on a black background and, exclusive to Boots, Pure Silver combining jasmine, watermelon and pineapple. Both minimise white marks left on clothes, says Sure. Sure for Women is supported

by a £7 million media campaign, 'Incredible protection for incredible women', with a superwoman-themed TV ad.

Product info:
Unilever
Tel: 020 8439 6100

Prices and pack sizes:
£2.09/150ml; £2.89/250ml (Pure Silver only)

Nucare shares its VMS wares



Nucare has expanded its own-brand offering with a VMS range. Individual vitamins, multivitamins and minerals, and formulations for adults and children are available as well as omega-3 fish and vegetable oils, garlic, ginger and herbal supplements. Vegetarian and gelatine-free options are included. The products are

manufactured for both Nucare and non-Nucare branded independent pharmacies. A merchandising display unit is available.

For more information:
Nucare
Tel: 01908 423 500

Balneum still available

Reckitt Benckiser wishes to point out that Balneum Plus bath oil (500ml) is still available and has not been discontinued. Containing antipruritic lauromacrogols, Balneum Plus is clinically proven to help break the itch-scratch cycle, says RB. The Balneum Plus Bath Oil has a high concentration of natural soya oil that helps replenish the skin's lipids. As well as the 500ml oil, the range includes a cream in 100g tubes and 175g and 500g pump packs.



Product info:
Reckitt Benckiser
Tel: 0500 455 456
www.hermal.com

Products in brief

Swains is snap happy

Swains International has teamed up with Fuji to offer retailers the FinePix range of digital cameras. For those buying five cameras from the eight-strong range, a free flight

case with wheels and extendable handle is available.

It is also offering new wedding photo albums and a guest book from Memorie in a choice of sizes.

Retailers buying Toshiba memory cards from Swains can buy nine and get one free.

Swains International
Tel: 0845 4504242

PHARMACY
I CAN HELP SAVE
SMOKERS' LIVES...

**...And whilst they quit,
they can keep their weight under control**

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.¹ NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.¹

**Help your customers
quit with NiQuitin**

NiQuitin cq
4mg MINT LOZENGE

STOP SMOKING AID

4mg

Click2Quit
Stay Smoking Free 72

nicotine

NiQuitin CQ 2mg/4mg Lozenge 4mg Mint Lozenge (see SPC for full information). For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke within 30 minutes of waking, 2mg if longer. Weeks 1 to 5, 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9, 1 lozenge every 2 to 4 hours; weeks 10 to 12, 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, pheochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold, Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst,

taste/sensory disorders, dysphagia, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GS** PL 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S et al. Arch Intern Med 2002; 162: 1267-1276.



GlaxoSmithKline
Consumer Healthcare

Re-engineering pharmacy teams

To take advantage of the opportunities offered by the new contracts, and to enable introduction of new patient-focused services, pharmacists need to consider the re-engineering of their teams. This means considering skill mix and work practices, and developing ways of spreading the workload so

that each member of staff is working to their maximum potential. This article, the third in a series looking at the 'change challenge', shows how re-engineering your pharmacy team can help you to find the time to introduce new patient services. Staff training and good leadership are essential in this process

Matthew Price

There is considerable debate at the moment around skill mix and how pharmacy staff can most effectively work together to deliver better healthcare for patients. Central to this is the idea that developing the role of support staff will give the 'headroom' needed for the development of new services. This will be made easier by proposals in the upcoming Health Bill for changes to supervision and personal control requirements.

Training

If pharmacists are to re-engineer their teams and delegate work, staff will need the appropriate skills to handle that work. Training for staff development is, therefore, essential and it is useful to have a structured training programme and a career path for individuals to work towards.

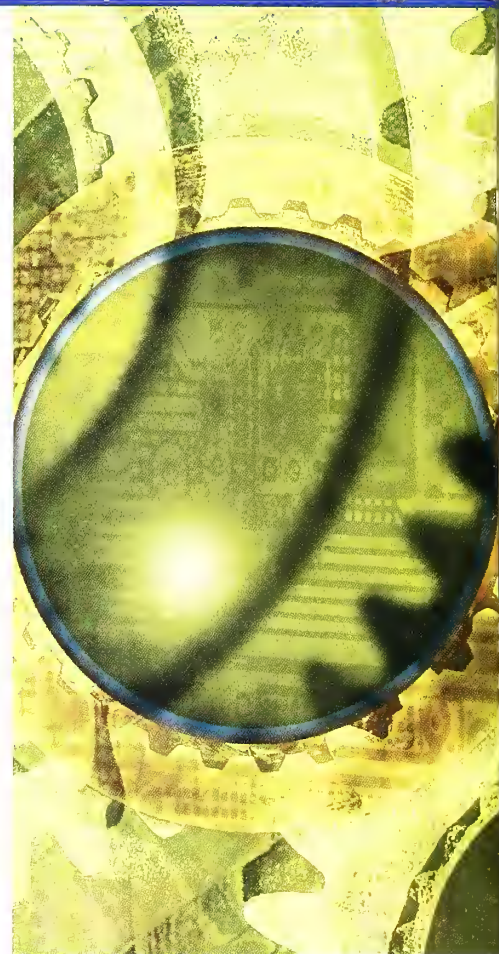
Members of your staff who have achieved NVQ level 3 or Accredited Checking Technician (ACT) or equivalent status will be better equipped than those with NVQ level 2 (dispensers) to help relieve pressures on the pharmacist's time. At the same time, you need to ensure staff are not over-trained for their specific job. For example, a person who is trained to NVQ level 3 will be dissatisfied if their job – and pay – relates only to NVQ2 level tasks. So you need to give thought to exactly what skills the pharmacy requires, and will require in the future.

An ACT can certainly reduce the involvement of



the pharmacist in the mechanics of dispensing, although prescriptions do still need to be assessed by a pharmacist. Of course, checking technicians are not suitable for all pharmacies. An ACT cannot take part in the dispensing process if he or she is checking prescriptions, and so the system will only work in pharmacies that have at least two dispensary staff in addition to the pharmacist.

Developing new skills is key to improved performance. People enjoy learning and taking on new roles. But if changes in pharmacy services are going to require changes to people's jobs, it is essential to ensure that individuals are supported



through their training and through the changes in working practices.

Think about medicines use reviews, for example. Patient recruitment for MURs will be discussed in detail in a later article but in terms of skill mix, is there any reason why all members of the team should not usefully help with patient recruitment? What do they need to know to do this job effectively, and how would you support them through this change to working practices?

Motivation can be increased when people know exactly what they are meant to be doing. It is therefore important that all staff have a job description and regular job appraisals. Having performance targets can also be useful.

Leadership and communication

As well as developing the skills of your team, it is also useful to consider how you might develop your own leadership skills to bring out the best in your staff. The theory of situational leadership is relevant here, with its emphasis on adopting different leadership styles depending on the situation (see Figure 1). Not all pharmacists will be good managers but you may well have a member of staff who is a good manager to whom you could delegate management duties.

Don't underestimate the importance of good communication with your staff, especially at a time of change. People need to understand why changes are being made, and what effect it will have on their work. Staff also need to feel valued and that their ideas are listened to.

Conclusion

Re-engineering your pharmacy team can create good team morale and a culture in which staff are well motivated and enjoy providing a service. In this environment, change is more likely to be successful.

CASE STUDY

Investing in People

The tool my pharmacy group used to help implement change was to work to achieve the Investors in People (IIP) standard. This helped me to structure the organisation and to standardise systems in the pharmacy. IIP allowed us to review current policies and practices against a recognised benchmark, provided a framework for planning future strategy and action, and was a structured way to improve the effectiveness of training and development activities.

The standard is based on:

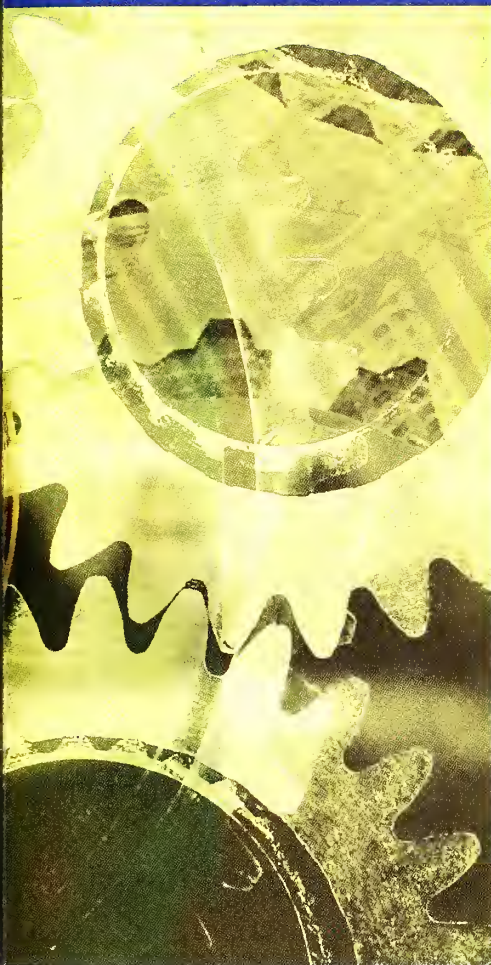
- Commitment to invest in people to achieve business goals.
- Planning how skills, individuals and teams are to be developed to achieve these goals.
- Action to develop and use necessary skills in a well-defined and continuing programme directly tied to business objectives.

- Evaluating outcomes of training and development for individuals' progress towards goals, the value achieved and future needs.

Having worked through the IIP process, we now have systems in place that encourage teamwork. In addition, all staff have a job description, performance targets and job appraisals.

Achieving the IIP standard was a group effort and made everybody within the organisation feel valued and part of the decision-making process. It involved a huge amount of time and effort but was certainly worthwhile. The result has been greater efficiency (with reduced costs and wastage), improved motivation, competitive advantage and public recognition.

IIP can be applied to any sized company. At the same time as our group (with 85 staff) was working towards the standard, a single-handed pharmacy proprietor with around eight staff was also successfully going through the process.



Key actions

- Consider how your support staff can participate in new services. It may be, for example, that for your pharmacy-based smoking cessation service to be financially worthwhile, the pharmacist can only spend 10 minutes with each patient. Your customers may need more time, so trained support staff can also become involved with the service.
- Consider the training needs of your staff.
- Remember that staff need to be motivated to do a good job.
- Think about your leadership skills and how you can meet the needs of all your staff.
- Recognise and share the successes of your staff. You could, for example, display training certificates. For multiples, communication and support from head office is essential.

Sources of information

The NPA is in the process of preparing a resource pack that will include guidance on job descriptions and appraisals for support staff.

Reference: P Hersey, K Blanchard, D Johnson *Management of Organizational Behavior* Leading Human Resources 2000

This article is supported by GlaxoSmithKline

CASE STUDY

Communication – tea with the MD

Communication with the pharmacy team is essential. We take a consultative approach and aim to solve problems as a team. We have monthly managers' meetings. We also invite staff to "tea with the MD" where they can discuss any ideas they may have on how systems might be changed to improve the business.

The idea is to learn through other people's experiences in a structured but informal environment.

We also issue quarterly newsletters and pass on new information via the internal email. Staff successes, such as achieving training qualifications, are highlighted in the company newsletter.

About the author

Matthew Price

Matthew Price is managing director of Matthew Price Pharmacies in Wales, and a member of GSK's Community Pharmacy Working Group. He won the Business Development Award in the 2005 UniChem Great Business Awards.

CASE STUDY

New skills means new services

A member of staff in one of our branches has now qualified as an accredited checking technician. This has been extremely valuable in helping with dispensary processes. And it has enabled us to start a repeat dispensing service in that branch.

Figure 1: Situational Leadership Matrix



Situational leadership is a model (developed by Blanchard) that identifies four leadership styles – directing, coaching, supporting and delegating – based on the amount of direction and support that is given.

The idea is that you adopt the most appropriate style for specific situations and specific individuals, depending on that person's competence and commitment, ie how ready and willing they are to perform a specific task.

- Direction is needed for staff who have low competence but high commitment.

- Coaching is needed for people who have some competence but low commitment.
- Support is needed for staff who are competent but lack commitment.
- Delegating is appropriate for staff who are both competent and committed.

So, for example, a new member of staff may be enthusiastic but lack competence and will need to be given direction and training rather than just being left to get on with the job, while a person who can do the job but lacks confidence in doing it will need a more supportive approach.

GSK and the Community Pharmacy Working Group

GSK supports the work of the Community Pharmacy Working Group as part of its ongoing commitment to assist pharmacists in their growing role in the NHS primary care service. Pharmacists are at the frontline of patient care, and we at GSK recognise we can play a role by providing resources in areas where we have expertise. That is why we offer the +Plus Medicines Support Services, available free of charge to all community pharmacists.

+Plus Medicines Support Services are practical and rewarding initiatives to help pharmacists offer a wider range of clinical

services to their customers and improve management of patients with long-term medical conditions such as asthma, diabetes and epilepsy. Other elements of +Plus Medicines Support Services, including time management and communication skills programmes, support pharmacists in the efficient management of their businesses and professional development.



Eurofile update

Jörn Runge on the spending habits of the French, the effect of Swiss pharmacies linking up with internet suppliers, the boom in self-medication in Finland, and Polish pharmacists gaining ground in the OTC market

France



Earlier this year French health minister Xavier Bertrand's announcement of extensive health cuts while seeking additional contributions from patients caused strong protests from the 22,700

pharmacists. A new survey has now revealed that the French spend the most on medicines per inhabitant. While the annual cost in France averages out at approximately €284 per person, in Germany the average expenditure was €244, followed by Great Britain, Italy and Spain with average spending of around €200 each.

The findings of the study, conducted by the French Ministry of Health, will please the government in Paris in its fight to achieve its savings target of €600 million despite the opposition of French pharmacists.

The paper says that the increase in turnover was due mainly to increased average prices of

medicines of around 10 per cent between 2003-04. Since then prices for all medicines have fallen by about 15 per cent while Mr Bertrand had initially suggested 13 per cent. The French government hopes to save around €400m this way.

Furthermore the government is promoting the prescription of generic drugs as part of an overall healthcare reform to cut costs. Doctors who sign up to an agreement with social insurance are required to prescribe cheaper medicines, a proportion of which must be generics. At the same time, prices for generics will be reduced by about 10 per cent and ensure savings of €200m.

Switzerland



In January 2006, the coming together of Swiss supermarket chain Migro and internet pharmacy Zur Rose outraged pharmacists throughout the Alpine country. Although the new service has so far

made little impact, with just a dozen or so customers each day, Migro is to introduce the system into five of its other stores.

The 1,700 Swiss pharmacists see the efforts of the supermarket as part of an upcoming power struggle in the pharmaceutical market as the Swiss Association of Chemists (SDV) announced a similar project in co-operation with internet pharmacy MediService. The only difference will be that pharmacy customers do not have to pick up their medicines as they will be delivered by post.

Even though only six of the 635 SDV member pharmacies will run the pilot programme,

pharmacists fear a new wave of activity regarding changes in the market, which will affect the interests of both the customers and pharmacists.

The criticism from several SDV members about the project seems to be cold comfort for pharmacists as it is mostly self interested. Most affected will be pharmacies with a sizeable OTC business who fear for both their reputation as medicines and health advisers as well as worrying about a downturn in self-medication sales.

Despite this, Martin Bangerter, director of the SDV, expects that 300 pharmacies will take part following the pilot scheme.

Finland



Pharmacists in Finland can be pleased with the outlook of the pharmaceutical market as it is continuing to grow during 2006. This is in spite of falling prices due to a re-evaluation by the

Pharmaceuticals Pricing Board in 2005 and intensified generic competition.

As self-medication becomes more and more the norm, sales of OTC medicines increased by 13.4 per cent between January and December 2005 to €201 million, according to the figures from Finnish Pharmaceutical Data Ltd (SLD).

The strong tendency to self-medicate reflects the work of pharmacists, manufacturers and the Finnish Ministry of Social Affairs and Health, who are trying to educate and familiarise the population on the increasing range of medicines that are available OTC. Television and internet campaigns as well as leaflets in pharmacies talk about OTC

medicines while older consumers are being targeted by doctors' surgeries and specialists.

Formulations that are 'faster working' or more efficient, as well as age or gender specific products, are becoming very popular. The best-selling medicines in 2005 were for cholesterol reduction, anti-psychotics and anti-inflammatory products. The best performing subsector in OTC healthcare in 2005 was smoking cessation aids, achieving value growth of just over 8 per cent.

As sales of OTC medicines jumped by 38 per cent in the fourth quarter of 2005, year on year, Finnish pharmacists are confident of further growth in OTC products in 2006.

Poland



Polish pharmacies are still facing stiff competition from general retailers but are starting to secure their share of the OTC market after years

of worry. The turnover of non-pharmaceutical retailers went up by 30 per cent in 2004 but only 10 per cent in 2005, while pharmacies started to catch up as their OTC turnover rose by 8.2 per cent to €1.4 billion.

Non-medical products in particular proved to be the most important market segment for pharmacies as their turnover grew with an increase of a third. Dietary supplements, homoeopathic and herbal products, diagnostics, medical goods such as dressings and, last but not least, cosmetics account for one quarter of the annual turnover in pharmacies. With this in mind, there is some pressure from manufacturers to try

to convert their products from OTC medicines to dietary supplements.

The latter makes up 10 per cent of the annual turnover from OTC products in pharmacies. Although the government in Warsaw is trying to reduce the range of OTC products available in supermarkets and stores, pharmacies will have to fight for their share in the future.

A survey, 'The OTC-Market in Poland' from the consulting and market research company PMR, predicts a downward trend in the OTC sector for 2006 and therefore an increase of only 5.5 per cent for Polish pharmacies. The most important product group is said to be non-medical.

Something this revolutionary happens only **ONCE**

Now the
No.1 selling
treatment for
athlete's foot*
is back on TV
in August, so
stock up now

*Source: IRI 4 w/k data, June 2006



**Lamisil Once® -
revolutionary
single dose
treatment for
athlete's foot.**



LAMISIL

1% Cutaneous Solution
Terbinafine hydrochloride



LAMISIL ONCE 1% CUTANEOUS SOLUTION. Presentation: Solution containing terbinafine hydrochloride 1.0% w/w. **Indications:** For the treatment of athlete's foot. **Dosage and administration:** The solution is applied once only, between the toes and to the soles and sides of both feet. Not recommended for patients under 18. **Contraindications:** Hypersensitivity to terbinafine or any of the excipients. **Precautions:** For external use only, avoid contact with the face and eyes. In the event of accidental contact with the eyes, rinse thoroughly with running water. In the unlikely event of an allergic reaction, remove the film with an organic solvent and warm soapy water. Not recommended for plantar (moccasin type) tinea pedis. Contains alcohol, keep away from naked flames. **Pregnancy and lactation:** Use in pregnancy only if clearly indicated. Not recommended for use in lactating mothers. **Side effects:** Redness, dryness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. **Legal category:** P. **Recommended Retail Price:** £9.99 (4g tube). **Product licence number:** PL 0030/0213. **Product licence holder:** Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB. **Date of Preparation:** November 2005

An age-old problem

The health of older people is poor, but there is plenty that pharmacists can do to help

Steve Bremer

Every community pharmacist knows that many older people live in poor health. But the scale of the problem would shock most. Almost two thirds of people aged 65 to 74 and 64 per cent of people aged 75 and over suffered from a longstanding illness during 2003. During the winter of 2004-05, 28,700 people in England and Wales over the age of 65 died as a result of the cold. In one three-month period in 2003, almost a quarter of people aged 75 and over in this Age Concern survey had attended the casualty or out-patient department of a hospital.

Unhealthy lifestyles are contributing to poor health among older people. Government figures show that more than two thirds of women and three quarters of men aged 65 to 74 are obese. And more than 90 per cent of people over 75 fail to take at least half an hour of moderate intensity exercise at least five days a week. The government has some work to do to meet its target of getting 70 per cent of the population to be 'reasonably active' by 2020.

There are plenty of opportunities for community pharmacists to work with this group of patients. They need help with their medication and lifestyle advice, and benefit from health promotion and signposting activities. "Pharmacists are part of the local community and have the potential to engage with older people about their health and wellbeing," says Philip Hurst, health policy manager at Age Concern.

Pharmacists can provide important information on healthy living and on local initiatives for older people, says Mr Hurst. For example, some local Age Concern-run services such as the Ageing Well programme can help older people adopt healthier lifestyles.

Age Concern's Ageing Well programme is a successful peer-to-peer health promotion initiative that enables older people to take control of their own health. It contains more than 100 projects to promote health in later life, including activities such as salsa, tai chi and yoga classes.

Between 5 and 17 per cent of hospital admissions are caused by adverse drug reactions, many of which could be prevented. And up to half of all older people may not be taking their medicines as intended. "Pharmacists are ideally

placed to check dosages, combinations of drugs, and explain how medicines should be taken," says Mr Hurst. "Age Concern welcomes the development of medication reviews by pharmacists, provided that this is accompanied by good two-way communication with GPs and other prescribers."

Helping with medication

The National Service Framework for Older People, which was published in 2001, set a target that all patients over the age of 75 who regularly take more than four medicines should be having their medication reviewed every six months by April of the following year.

The NSF also stated that primary care organisations should have schemes in place to enable older people to get more help from pharmacists in using their medicines by 2004.

But a recent report of progress against the NSF has found that practice is falling short of these targets. Few patients over the age of 75 who regularly take more than four medicines are having their medication reviewed every six months and there is little evidence of community pharmacists helping older people manage their medicines.

'Living Well in Later Life', a report by the Healthcare Commission, the Audit Commission and the Commission for Social Care Inspection, found that, while most general practices are reviewing medication annually for people over 75, older people taking four or more medications are not always reviewed every six months. It also found that some NHS Trusts are not providing ward-based dispensing of drugs when older people are discharged from hospital.

The report concluded that medicines management for older people is not up to standard. Community pharmacy medicines use reviews were not included in the report, however, only data from GP practices.

Anna Walker, chief executive of the Healthcare Commission, says: "Older people are the biggest users of health, occupying almost two thirds of our hospital beds. Yet they continue to be a low priority in both the planning and development of our health service. The challenge now is to provide much better care for older people closer to home."

This failure to meet medication review targets could provide an ideal opportunity for community pharmacists to provide MURs specifically to this patient group, suggests Mimi Lau, director of professional services at Numark.

"The importance of staying well is especially important for this sector of the population and sometimes they can neglect their health," says Ms Lau. "Not only can pharmacists deal with minor health problems and offer medicines advice, they can also help with health and lifestyle advice. Pharmacy is in a position to pick up problems initially, as we see these patients every month for repeat medication."

While more than 16 per cent of the population is over 65, there are seven million disabled people in



Pharmacists can provide valuable information on healthy living and local initiatives for the elderly

the UK and over a million people need equipment to help them live independently in the community. Community pharmacists can offer mobility aids, advice and disability living products. "We see this very much as a growing category and one that is potentially profitable for independent pharmacists. It is an area appropriate to pharmacy that provides differentiation and a service to the local community," says Ms Lau.

No improvement in homes

Medicines management in care homes is no better than two years ago, when the National Care Standards Commission found the same failings as a recent report by the Commission of Social Care Inspection. Nearly half of all nursing and care homes fails to meet national minimum standards for managing residents' medicines, according to the 'Handled with Care?' report.

Key areas of poor performance identified are:

- Wrong medication given to residents

Older people and medicines

- Prescribing for older people accounts for half of the total NHS drugs bill.
- Three quarters of people aged over 75 take at least one prescribed medicine.
- 36 per cent of older people regularly take four or more medicines.
- Three quarters of over-75s suffer from a long-term condition.
- The median age of patients admitted to hospital with adverse drug reactions, according to one study, was 76 years.



Not only can pharmacists deal with minor health problems and offer medicines advice, they can also help with health and lifestyle advice

- Poor recording of medicines received and administered.
- Medicines being inappropriately handled by unqualified staff.
- Medicines stored inappropriately.

The report recommends that PCTs take more active steps to ensure prescribing is monitored and that homes are given support to develop safe working practices. It also suggests that tools developed by the National Patient Safety Agency to help NHS organisations learn from errors should be made available to homes in the private and voluntary sectors.

But the CSCI pulls no punches when describing the importance of the issue: "There is no escaping that homes themselves need to put their house in order and place medication management at the top of their agendas."

Merchandising for older customers

While older people receive more prescriptions than any other group, they are also an important group in relation to OTC sales, and particularly medicines. They remain the biggest customer group for medicines – particular GSL – within independent pharmacy, according to Emma Charlesworth, category development manager at Numark.

Numark segments its membership by reference to age and affluence. It can identify specific customer groups that live within a 0.5, one and five mile radius around each Numark pharmacy. "This allows us to provide specific space allocation and ranging information to our members," says Ms Charlesworth. "We also use this to recommend diagnostic services that we believe are more likely to work in the area."

Merchandising principles change according to target market. So a pharmacy serving a large elderly population should ensure that products they are likely to buy are easily accessible. Affluent elderly customers are the third heaviest purchasers of complementary health after young graduates, for example.

Ranging implications of an older population will include things such as extra space for incontinence products, denture care, and so on. Assistants should also adapt their approach. Numark is considering how assistants can be trained to provide a more valuable service to the elderly consumer. Own-brand products are particularly important to older customers. Helen Groves, brand controller for Numark, says: "I get a lot of letters from elderly customers who purchase own-brand as they like the good value when they're trying to survive on a pension."

Product news

Get a grip: GlaxoSmithKline has launched Poligrip ComfiSeal Strips – pre-cut, denture adhesive strips for daily use. They provide strong all day hold, seal out food particles, are pleasant tasting and can be used for upper, lower and partial dentures. GSK expects this new format to bring new users into the market. Currently almost a quarter of the population wears a denture, but only 14 per cent use a fixative. **GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637**

Dry your eyes: Reckitt Benckiser has launched two new Optrex products designed to provide lasting relief from dry-feeling eyes. Optrex Dry Eyes Lubricating eye drops and Optrex Dry Eyes Lubricating liquid gel are supported by a £3 million marketing package over the year.

The lubricating eye drops contain sodium hyaluronate, which lasts up to seven times longer than hypromellose and polyvinyl alcohol. Their preservative system means that they can be used while wearing contact lenses. Lubricating liquid gel contains carbopol and only requires applying up to four times daily.

Reckitt Benckiser Plc, tel: 01482 326151

TV campaign: SCA Hygiene is spending £6.5 million on television advertising for its TENA bladder weakness products this year. The campaign, which is aimed at the target market of menopausal women and women aged over 45, is expected to encourage consumers into the pharmacy to ask for advice.

TENA's brand manager, Nick Foulger, says: "Our planned weight of advertising and support in pharmacy this year will serve to increase the huge brand equity TENA already enjoys with the consumer and the category growth we have experienced over the past years."

SCA Hygiene Products Ltd, tel: 01582 677400

Dressing in the dry: Autono-med has produced two levels of 'starter pack' of its Seal-Tight Wound Protector for pharmacies that want to stock the OTC range. Pharmacies can purchase packs containing the four best selling adult models with customer leaflets and a laminated poster, or the 'top 10' models including versions for children, customer leaflets and a laminated poster. Seal-Tight Wound Protectors are used to protect dressings and casts from getting wet.

Autono-med Ltd, tel: 01937 541566

Cosmetic help: The new Medik8 range of cosmeceuticals can help with problems like thread veins, age spots, skin firming and skin dryness. With 15 new products due to be launched in the next 12 months, the Medik8 range combines the use of liposome fat delivery systems with pharmaceutical grade and dermaceutical peptide ingredients.

Elliot Isaacs, medical director and pharmacologist from manufacturer Pangaea Laboratories, says: "The relatively complex training required to sell cosmeceuticals, plus the higher margins, allow independent pharmacies to compete and excel in this sector."

Pangaea Laboratories Ltd, tel: 020 8458 2500

The ageing population

- There are 11 million pensioners in the UK, or more than 18 per cent of the population.
- The number of over-75s is expected to rise by over three million, or 70 per cent, by 2031.
- The UK already has more people over 60 than under 16, and by 2031 almost a quarter of the population will be over state pension age.
- Between 1981 and 2001, the number of years a man could expect to live in poor health increased by almost a third – from 6.5 to 8.7.
- The number of people with dementia is expected to double to 1.5 million by 2031.
- Every five hours an older person dies as a result of an accidental fall in the home.
- One in five pensioners lives below the poverty line, while 28 per cent of men and 34 per cent of women aged 50+ are unemployed or economically inactive.

0207 921 8124

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact:
Amy Turner
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8124
F: 0207 921 8130

www.dotpharmacy.com
c&dsales@cmpi.biz

Appointments

Dispensers

Alliance Pharmacy

Dispensers

Welwyn Garden City and Uxbridge

Exciting opportunities, ideally for qualified or experienced dispensers although would consider trainee, available working for one of the UK's largest Pharmacy Chains. Full training and support will be provided as well as a competitive salary and benefits package.

For more information, or to apply, please contact
Harminder Sangha on 01707 323533.

Dispenser required

A modern pharmacy with good friendly support staff are looking for a Full Time Dispenser.

You will be full or part qualified, have previous experience and you must be a motivated individual.

In return we offer a competitive salary and hours are negotiable.

Interested?

Call Mr R A Virji on 01889881180 or
e-mail haywoodpharmacy@hotmail.co.uk

DISPENSERS REQUIRED FROGMORE, NR ST ALBANS/WATFORD

Previous experience is preferable - will train

A busy modern pharmacy focussing on care home dispensing is looking for energetic and motivated individuals to join our existing teams of dispensers to provide pharmacy services to care homes in the area.

We offer a very competitive salary with friendly support staff in a professional environment.

If you are interested and would like more information, please contact
Mr Ambi Singh on 01727 877 954 or email : ambi.singh@intecareuk.com

Pharmacy Technicians

Croydon

Up to £28,800 p.a.
Pharmacy Technician, experienced in community
Pharmacy, required for busy pharmacy.
5 day week, 5 weeks holiday.

Please send CV to Box No 895
FAO: Amy Turner
Chemist + Druggist Recruitment
3rd Floor Ludgate House
245 Blackfriars Road, London, SE1 9UY

Pharmacy Technicians

Buttercups Training - aiming to provide the highest quality education and training services for pharmacy support staff



We are looking for a pharmacy technician with a minimum of 2 year's experience with an interest in education and training. The role is dependent upon experience and will involve assessing Pharmacy Services Level 2&3 courses.

Good word processing skills required. Flexible hours considered.

For an informal discussion telephone Helen Abbott or Vanessa Kingsbury on 0115 9374936 or e-mail training@buttercups.co.uk



NEWTOWN ROAD. RONKSWOOD WORCS.

An award winning progressive Family Pharmacy multiple.

We are looking for:

- NVQ Level III or equivalent Pharmacy Technicians
- Healthcare/Sales Assistants

Hours are flexible to suit individual needs.

A comprehensive package available.

Apply in writing to:

Sue Davies, Murrays Healthcare,
P O Box 2256, High Street, Stourbridge,
West Midlands. DY8 1WT

Various Positions

Pharmacy In Ladbroke Grove / Notting Hill

3 full time vacancies (11am - 6.30pm Mon - Fri)

Pre-registration Student Qualified or Trainee Dispenser Pharmacy Assistant

Competitive salary and Training provided

To apply, please send a letter of application and CV to:
Solange Hundal

173 Ladbroke Grove, London, W10 6HJ

Or by email to: thedispensarylg@hotmail.co.uk

Appointments

Locum Agencies



**HAVE YOU CONSIDERED
LOCUMING?
WHY NOT REGISTER FREE TODAY?**

Tel: 0845 257 8245

Pharmacy locums required in All AREAS.

www.nationwidelocums.co.uk
...the pharmacy locum solution

**Remember to quote C+D
when replying to adverts**

Classified

Businesses wanted



Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.

All turnovers considered, all information treated with strictest confidence and a high premium paid.

For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk



COHENS CHEMIST GROUP

Pharmacy chain looking to expand in the North-West & West Yorkshire areas.

Best prices paid, all turnovers/size of groups considered.

please contact Colin Counce on 07966 524162 or Yakub Patel on 07930 577799.



Selling your business?



Our progressive chain of over 100 is keen to acquire pharmacies in the area shown, leasehold or freehold.

Call Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836.

All enquiries treated in strictest confidence.



Kendalls DYL124

Day Lewis House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
email: tonyhough@daylewisplc.com Fax: 020 8689 0076
www.daylewisplc.com

Buying a pharmacy?

Ease the cash flow pains of starting up.

FastFlow for Pharmacy enables you to receive immediate payment for your NHS dispensing.

Contact Andy on Freephone

0808 144 5554

or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com



Businesses wanted



MANOR
PHARMACY



Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.

All turnovers/ size of group considered.

High Premium Paid. All information will be treated with the strictest confidence.

Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394

Investments

Calling all L9CUMS

Personalised registration plate for sale
Ready now on retention.

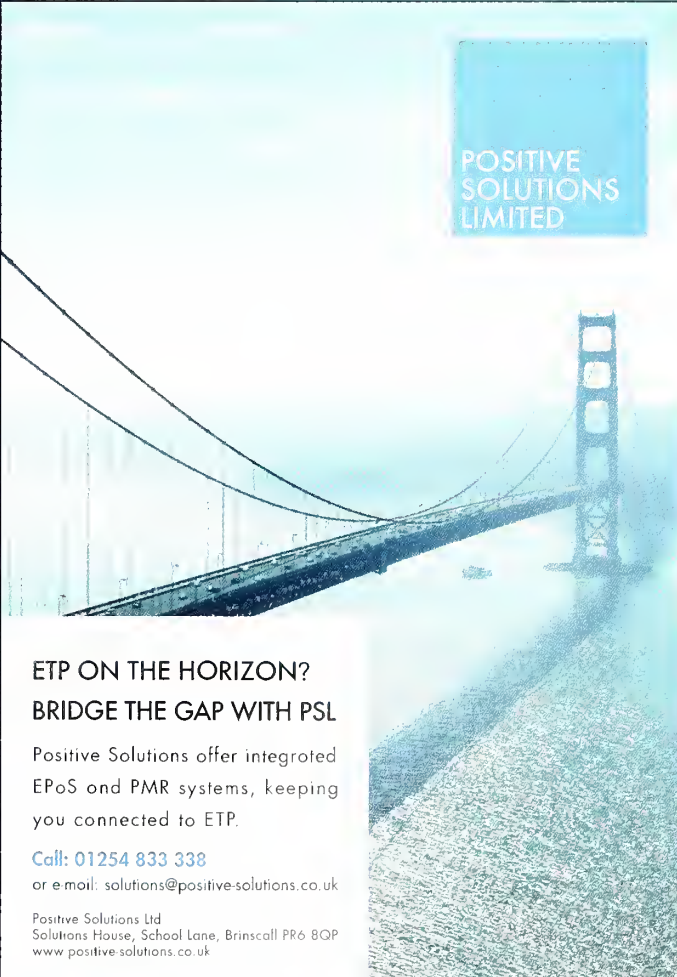
L9CUM

All reasonable offers accepted.

Tel: M Hassan on 07957 205751

Products & Services

POSITIVE
SOLUTIONS
LIMITED



ETP ON THE HORIZON?
BRIDGE THE GAP WITH PSL

Positive Solutions offer integrated EPoS and PMR systems, keeping you connected to ETP.

Call: 01254 833 338
or e-mail: solutions@positive-solutions.co.uk

Positive Solutions Ltd
Solutions House, School Lane, Brinscall PR6 8QP
www.positive-solutions.co.uk

For Price List requests please call FRANKIE DUNN 01254 833 338
Visit www.knights-fragrances.co.uk



- Undoubtedly the largest fragrance range (over 2000 Lines)
- The very latest lines sourced immediately
- Extensive Clarins, Clinique & Lancome Skincare ranges
- Nationwide next day delivery
- Help and advice from market leaders in *fluid* fashion

EST 1984

fluid...
fashion

For Price List requests please call FRANKIE DUNN 01254 833 338
Visit www.knights-fragrances.co.uk

Products and services



**DO NOT MISS THIS OPPORTUNITY
TO PROFIT BY £1000.00**

(offer ends 30 July 2006)

◆ **New members** joining CAMRx in July will qualify for **£1000.00 free generic stock** at DTF value

Plus

Obtain up to **11.5% discount** on your **eligible medical purchase**

Have benefit of **fully subsidised** computer hardware, monthly software, installation and training package **worth £4,400.00**

◆ Gain benefit of **share of profits** without having to invest **your own money** in a **share purchase scheme**

For further details contact CAMRx Customer Services on 01530 510520 quoting reference **CDJULY**

Pharmacies For Sale

HUTCHINGS PHARMACY SALES

Cambridgeshire T/O C: £1,600,000
Derbyshire T/O C: £ 600,000
S.E. London T/O C: £ 250,000

If you are ready to SELL we have purchasers throughout the UK willing to pay top prices for Pharmacies. Our priority is to obtain the best price whilst maintaining your confidentiality.

If you are thinking of SELLING your Pharmacy, Contact us now for a FREE valuation.

Please call Linda or Catherine TODAY for further details.

01494 722224

email: info@hutchingsandco.com
www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd
Pharmacy Brokers and Valuers

"We are the only NPA approved supplier for selling your pharmacy"



Mashco
Photo, Electrical & Perfumes

**PRICE BREAKTHROUGH
ON BLOOD PRESSURE MONITORS**
valid only from 1st to 31st of August 2006

**LESS THAN
HALF PRICE**

**Omron Automatic MX2
Basic Upper Arm BP Monitor**

CODE: OMRMX2BASIC

- Inflates cuff after 5 minutes saves battery life
- Automatic inflates pressure and pulse display
- Inflates toward cuff size (22 - 32cm)
- 100 measurements

SSP: £53 - £25
IP: £14.62

NET: £14.25



**BUY 6 FOR
ONLY £75**

**Braun Sensor Control 2510
Wrist Blood Pressure Monitor**

CODE: BRABP2510

- Wrist circumference 12.5-20cm with comfort cuff
- 30 memories for reading storage
- Durable storage case
- 2 x (AAA) Duracell batteries included

SSP: £65 - £20
IP: £20.52

**NET: £12.50
WHEN BUYING 6**

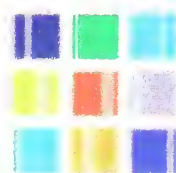
NET: £20.00



Tel: 020 8204 2224 www.mashco.com Fax: 020 8204 0224
Email: sales@mashco.com
GROSS NET PRICES ARE AFTER SETTLEMENT. QUANTITY 7-14% GOODS SUBJECT TO AVAILABILITY. UNIT AT STANDARD RATE.

**To advertise here call
020 7921 8124**

Stocktaking



Pharmacount
LEADING PHARMACY AND MEDICAL STOCKTAKERS

**Revolutionary Pharmacy Stocktaking
Wireless Scanning Technology**



T: 0870 850 2142
F: 0870 850 2141

E: pharmacount@count-it.ws
Visit: www.stockcounters.com

Shopfitting

Planning a re-fit? Adding a new consulting room?

Why go into debt with all the pressures of repayments and security?
Use the alternative source of funding that's designed for growing pharmacy businesses.

Contact Andy on Freephone:

0808 144 5554

or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com



Shopfitting

RAPEEDgroup

RAPEED
shopfitters

...the total shop fitting solution

020 8655 2020 // 020 8655 3444 // www.rapeedgroup.co.uk

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH
YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

hCo.

Hutchings & Co.

**The Leading Tax Consultants
for Pharmacists.**

www.pharmacyexperts.com

Tax Consultants & Accountants

THINKING
OF BUYING
A PHARMACY?

“Modiplus went the extra mile to assist me in the purchase of my pharmacy ...

MODIPLUS SUCCESSFULLY:

- Helped with the structure to minimise tax
- Dealt with solicitors on purchase contracts and tax issues
- Dealt with the selling agents to avoid time delays
- Advised me on purchase of goodwill or shares
- Advised me on specialist finance schemes such as Unichem, AAH & Phoenix
- Projected my profit & cash-flow
- Allocated purchase price to maximise tax

... excellent team of people who are always helpful and friendly.

MR R SUDDHI T/A HARKEATON PHARMACY, DERBY

For more information or for a **FREE** consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES



modiplus
ADDING VALUE

Pharmacy may fill a significant amount of your lives, but taking time out from the day-to-day routine is equally important, as this page often demonstrates. Our reader research earlier this year indicated you would like C+D to include some lifestyle features and when we were approached by a captain of industry, who fancied his hand at writing a restaurant review column, we thought this would be an ideal opportunity. So this week, we start the first of our monthly restaurant reviews by 'Bon Vivreur'

A prior engagement

When the 19th century arriviste had made his fortune from cotton, coal, guano or other methods of exploiting the proletariat, he had two objectives in life.

The first was to build a new house to display his new-found wealth and the second was to ensure that his offspring married into the aristocracy. The landed aristocracy, who had prestige but not money, were only too willing to accept this bargain and many first, and indeed second, sons found themselves with a nouveau riche set of parents in-law. Everybody was happy and the landscape was filled with the building of gothic, neo-Elizabethan or neo-Georgian houses. Today we call them country house hotels.

Given that we all aspire to the trappings of instant wealth (look at the lottery) and that there is no money in guano any more, the nearest most of us can come to this lost age of bucolic bliss is through such hotels. I am no exception to this rule – I collect them. To add to my collection I took myself off to the Bath Priory Hotel and Restaurant, which boasts both a spa and a Michelin starred restaurant – the one counteracting the effects of the other I suppose.

Of the spa, all we can say is that it is small, and if you have a desire to workout in a gym as a way of avoiding food induced guilt, this is probably not the place for you. The gym is small and ill equipped. Walk into Bath instead.

However, the restaurant is something else. In a light and airy room overlooking the gardens and under the direction of chef Chris Horridge, it produces consistently good cuisine at both lunch

There is no money in guano any more

and dinner based on a limited range of seasonal ingredients that are cooked with considerable skill. Highlights included veal served with a marvellous truffle cream, pork fillet served with a delightful pencil of crackling, an appetiser of wild mushrooms and two historic amuse bouche – a Jerusalem artichoke and truffle soup and a celeriac and truffle soup.

Desserts are equally consistent, an assiette of cherries – including a wonderfully light cherry

soufflé – being the high point. The cheese board mix is West Country and French cheeses including a fresh goat's cheese served with a honey and truffle dressing (no, really, this is very good).

My only quibble would be that the portions are on the small side and a starter of Salcombe crab indicated the crabbing community of Salcombe are no respecters of innocent crustaceous youth.

The wine list is extensive but it contains few classics. A 2003 Chateau Neuf du Pape Blanc was very serviceable one lunchtime, as was an excellent 2002 Hermitage Blanc paired with a dish of brill and lentils. But a Torres Grand Coronas Mas La Plana 1991 was simply appalling: thin, old and oxidised and should be removed from wine lists everywhere. Prices in the list are at the top end of acceptable.

Service was friendly and attentive, as it was throughout the hotel including reception, with the entire hotel staff seeming to come from France or Spain.

Rooms are in the typical country house style with prints of other country houses adorning the walls and wallpaper, suggesting the studio of William Morris on a very bad day. However, they are comfortable, clean and, in my case, had a commanding view of the well tended gardens, which in the summer are a delight for the eye.

The seasonal fixed price menu is £55.



Would I go here again?

Yes I would

Is the restaurant worth the price and the Michelin star?

Yes it is and the fat rubber tyre man got it right

What would I change?

The gym. It's neither use nor ornament

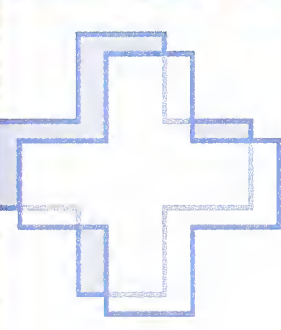
Address

Bath Priory Hotel and Restaurant,
Weston Road, Bath BA1 2XT
Tel: 01225 331922
www.thebathpriory.co.uk



RETAIL SKILLS

for PHARMACY STAFF



Customer service, link selling, merchandising and stock management ... All key retail skills – are they

up to scratch in your pharmacy?

NEW – Retail Skills for Pharmacy Staff is a distance learning course from *Community Pharmacy/Chemist & Druggist* and Hamacher Group, supported by SSL International, to improve the general retailing skills of pharmacy staff.

It provides training on core retail areas for all pharmacy staff, especially those who have just completed an MCA training programme, and would also be suitable for recently qualified pharmacists with little retail experience.

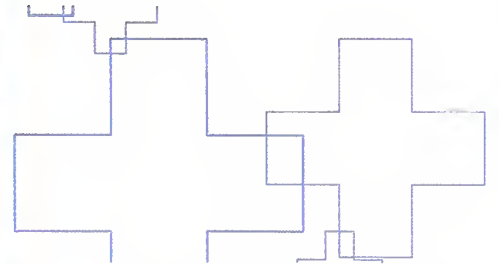

- 10 Modules delivered monthly to *Community Pharmacy/Chemist & Druggist* subscribers

- Course materials **FREE** if collected monthly

- Cost effective – can be shared between staff

- Content based on Pharmacy Services NVQ2 – compliments product knowledge learnt in MCA courses such as Counterpart

- Fills a training gap



'In an increasingly competitive retail sector providing the right sort of customer service will help your business stand out. Augmenting on-the-job training with formal skills development will give your pharmacy a competitive edge.'



EXTRA BITE FOR YOUR BUSINESS



new



Now there are even more reasons to reach for Rennie. Like the arresting £6 million TV campaign to drive customers into your pharmacy. Then there's the new, up-to-date packaging design

across the whole Rennie range. Finally there's great tasting new Rennie Fruit, giving you even more ways to help neutralise acid nuisance.

Rennie Fruit (calcium carbonate). Rennie Peppermint (calcium carbonate and magnesium carbonate)

**Heartburn and Indigestion?
Reach for Rennie.**

Product Information for Rennie® Fruit and Rennie® Peppermint

Presentation: Rennie® Fruit contains 500 mg calcium carbonate. Rennie® Peppermint contains 680mg calcium carbonate and 80mg magnesium carbonate.
Indications: Rennie® Fruit and Rennie® Peppermint for the symptomatic relief of heartburn, indigestion, hyperacidity, flatulence, upset stomach, dyspepsia, biliousness, over-indigestion, in food and drink, indigestion during pregnancy, nervous indigestion.
Dosage and Administration: Rennie® Fruit and Rennie® Peppermint tablets to be orally swallowed or chewed. **Adults:** 2 tablets as required to a maximum of 16 tablets per day. **Rennie® Fruit Children:** Not recommended for children under 12. **Rennie® Peppermint Children 6-12 years:** 1 tablet up to 8 times daily. **Children under**

6 years: Not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. **Warnings and Precautions:** May impair absorption of other drugs if taken concomitantly. Seek medical advice if the patient has renal impairment. **Side Effects:** Alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. These usually only occur following larger than recommended dosages. **Cost:** Rennie® Fruit 8s £0.99, 32s £1.99, 64s £3.59. Rennie® Peppermint 12s £1.05, 24s £1.75, 36s £2.49, 48s £2.75, 96s £4.35. **MA Numbers:** Rennie® Fruit PL 0010/0354. Rennie® Peppermint PL 0010/0353. **MA Holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. **Legal Category:** GSL. **Date of Preparation:** May 2006. © Registered trademark of Bayer AG.